

Name  
in  
Full

## CERTIFICATE OF DEATH

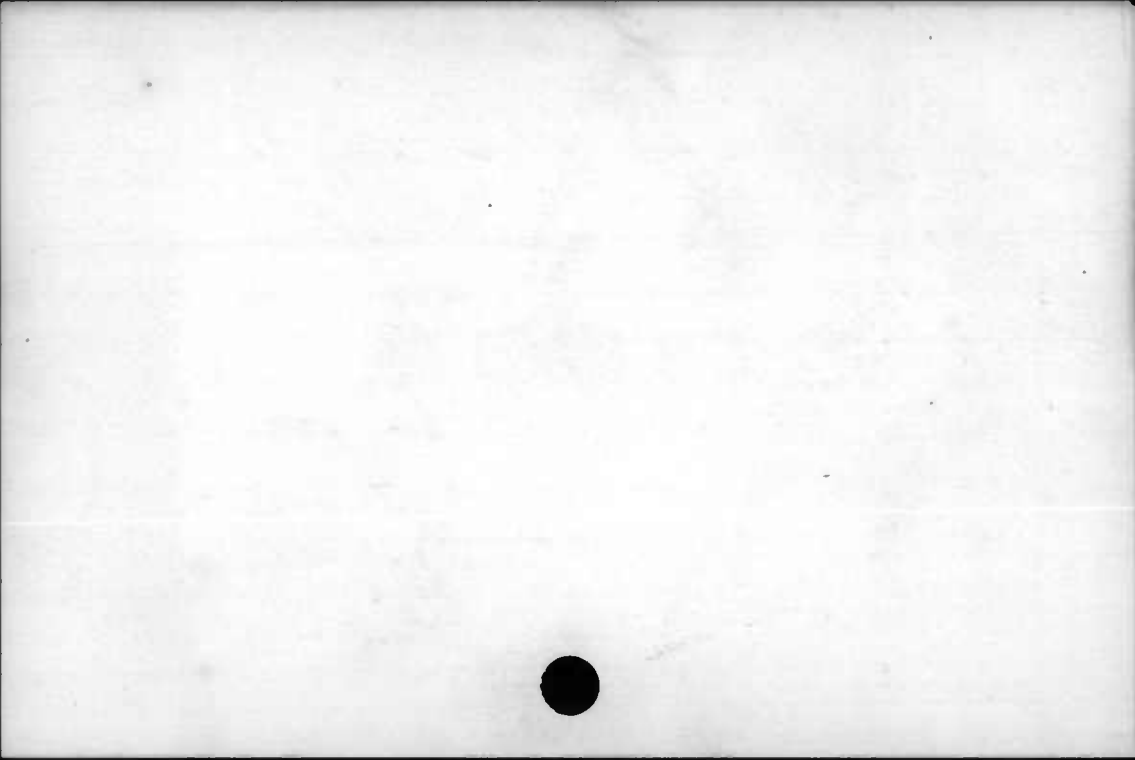
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Clifford Brouncll Arusparger</b>		Town <b>Hagerstown</b>		County <b>Wash</b>		MAYLAND	
Died at		Date of death		Age		Months	
		1905 9 16		16		2	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Md.</b>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <b>single</b>		Name of Wife or Husband					
Father's Name <b>Clifford B. Arusparger</b>		Father's Birthplace <b>Penna</b>					
Mother's Maiden Name <b>Lulu Mullenix</b>		Mother's Birthplace <b>Va.</b>					
Name of person giving information <b>C. B. Arusparger</b>		How related to deceased <b>father</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Gastro - Enteritis</b>	How long <b>3 days</b>
Immediate <b>Toxaemia -</b>	How long <b>" "</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Victor D. Miller, Jr.</b>
	Address <b>Hagerstown, Md.</b>
Accident or Suicide? <b>no</b>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Kath. May Baechtel*  
Town *Hagerstown* County

Died at *Hagerstown* MARYLAND

Date of death *190* Month *9* Day *14* Age *2* Years Months *1* Days *9*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation  Where Residing if not at place of death

Married, Single or Widowed  Name of Wife or Husband

Father's Name *Wilbur J. Baechtel* Father's Birthplace *MD*

Mother's Maiden Name *Laura E. Semler* Mother's Birthplace *MD*

Name of person giving information *Wilbur J. Baechtel* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

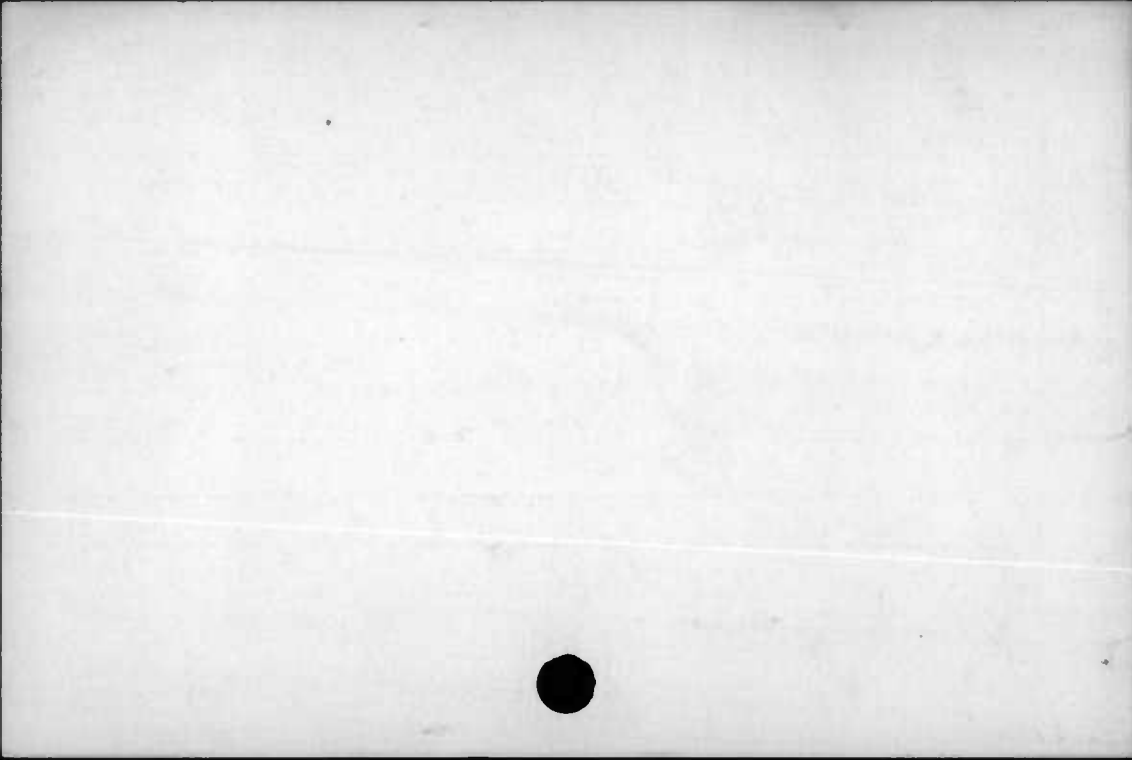
Primary *Dysentery* How long *14*

Immediate *Cardiac Failure* How long

Are the name, age, sex, color, date and place correctly given above?  Signature of Physician *C. P. Stumpfer*

Address

Accident or Suicide?



Name  
in  
Full

Still Born

Twice

Barnes (44/44)

CERTIFICATE OF DEATH

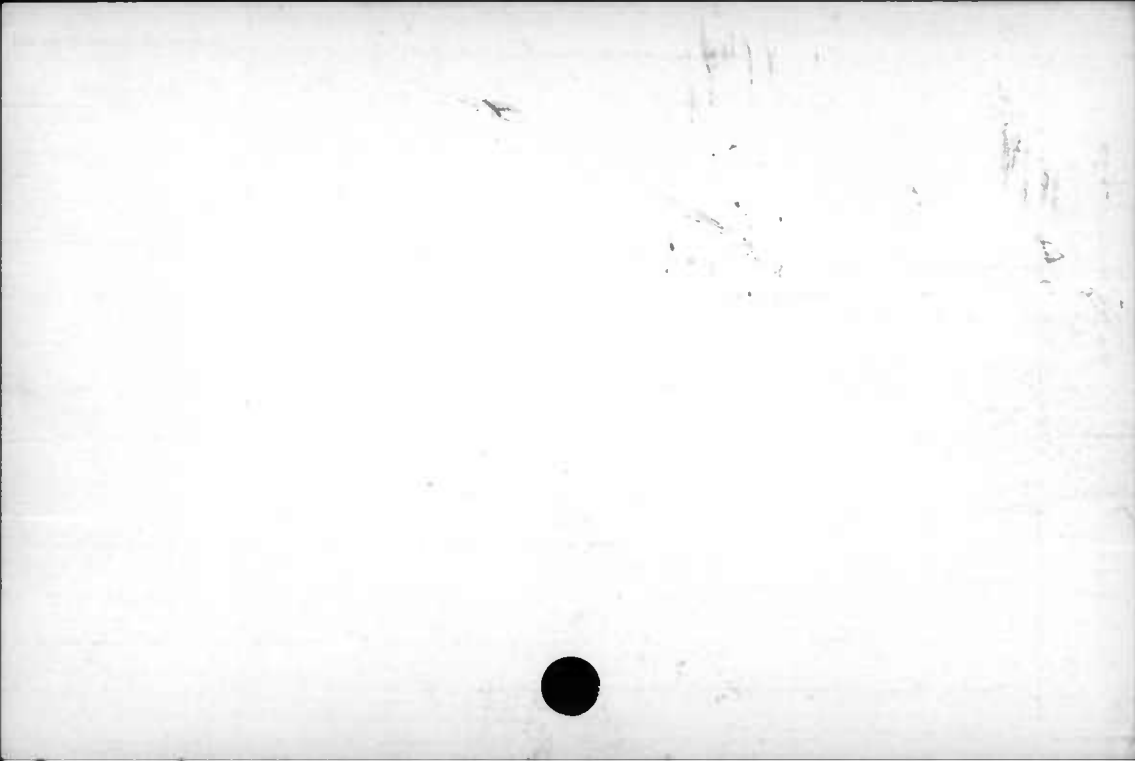
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	9	Day	20
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Ind</u>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Claud Barnes</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Alta H. H. H.</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Claud Barnes</u>			How related to deceased <u>Father</u>		

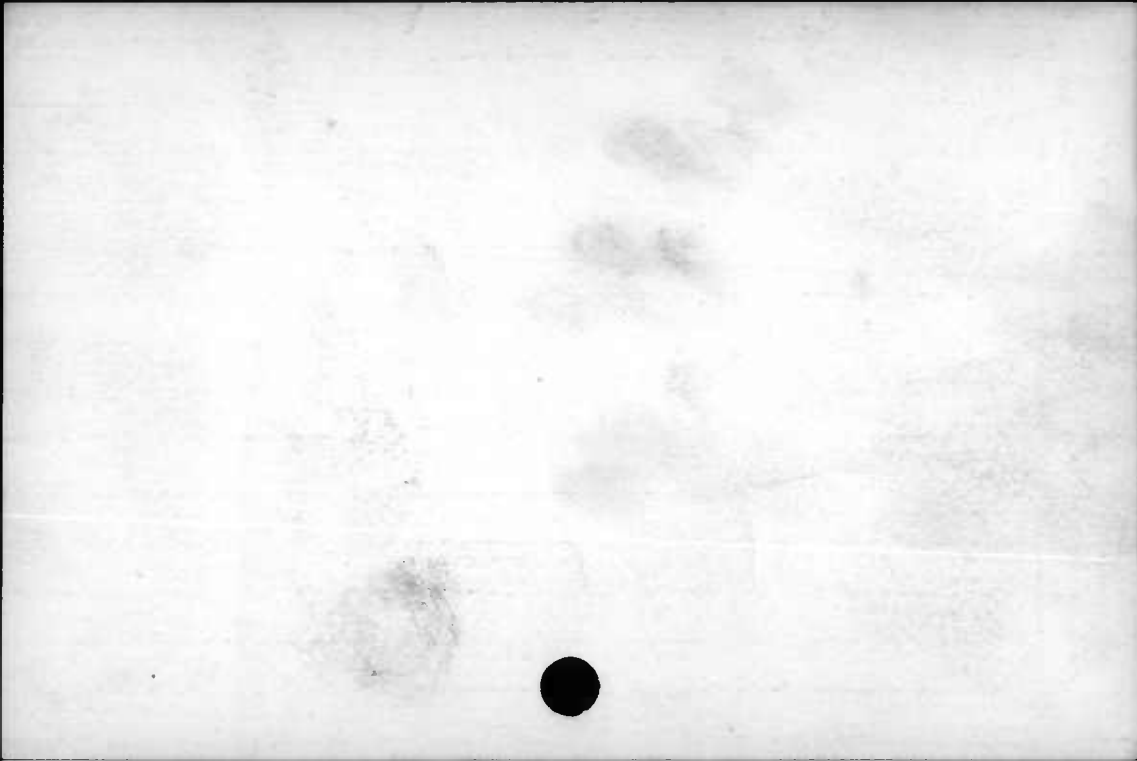
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Immature Birth</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>Victor D. Miller, Jr.</u>
		Address <u>Hagerstown</u>
Accident or Suicide?	<u>No</u>	



Name in Full		Still Born				Twin		Barnes (M.A.)		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hayestown</i>				County				MARYLAND	
		Date of death		Month	Day	Age	Years	Months		Days	
		1903		9	20						
		Sex <i>Male</i>				Color or Race		Birth-place			
		Occupation <i>Child</i>				Where Residing if not at place of death					
		Married, Single or Widowed				Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name <i>Celandt Barnes</i>				Father's Birthplace <i>ind</i>					
		Mother's Maiden Name <i>Altha R Albui</i>				Mother's Birthplace <i>ind</i>					
		Name of person giving information <i>Celandt Barnes</i>				How related to deceased <i>Father</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Perinatal Birth</i>				How long					
		Immediate				How long					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>W.D. Miller</i>					
		Accident or Suicide? <i>no</i>				Address <i>Hayestown</i>					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leavetown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	<i>9</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	Age <i>74</i> <sup>Years</sup>	<i>7</i> <sup>Months</sup>	<i>29</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Leavetown</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband <i>Elizabeth Marguerite Beard</i>				
Father's Name <i>Jacob Heyitt</i>	Father's Birthplace <i>Leavetown</i>				
Mother's Maiden Name <i>Elizabeth Heyitt</i>	Mother's Birthplace <i>Beverscreek</i>				
Name of person giving information <i>Daniel Beard</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>Over five yrs</i>
Immediate <i>Second stroke</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J L Massie M.D.</i>
	Address <i>Smithsburg</i>
Accident or Suicide?	



Name  
in  
Full

Phonon T. Berchhoff

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

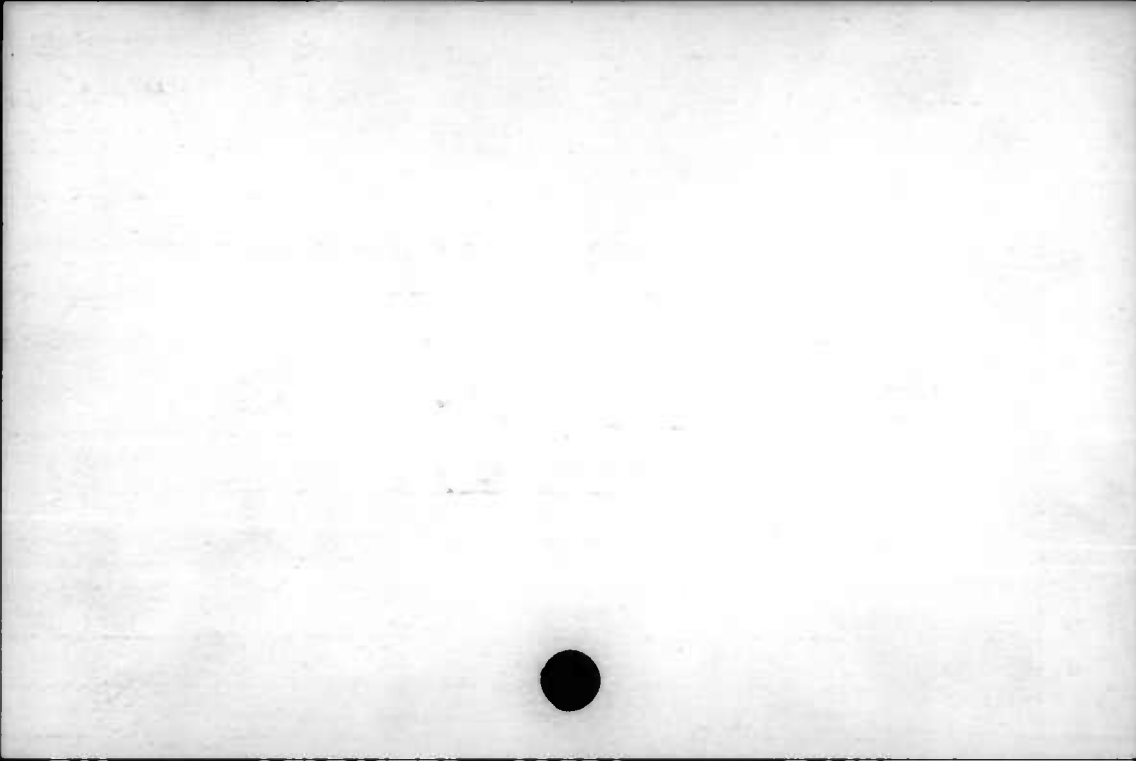
MARYLAND

Died at <i>Cascade</i> Town		<i>Washington</i> County	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>4</i>	Years <i>25</i>
Sex <i>Male</i>		Color or Race <i>white</i>	Months <i>2</i>
Occupation <i>Mechanic</i>		Days <i>15</i>	
Where Residing if not at place of death		Birth-place <i>Pennsylvania</i>	
Married, Single <del>Single</del> <i>Widowed</i>		Name of Wife or Husband <i>Synthia Berchhoff</i>	
Father's Name <i>Am Berchhoff</i>		Father's Birthplace <i>Pa</i>	
Mother's Maiden Name <i>May Crawford</i>		Mother's Birthplace <i>Pa</i>	
Name of person giving information <i>T. B. Stew</i>		How related to deceased <i>Parents</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Paralysis of the heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Strickler M.D.</i>
	Address <i>Waynesboro</i>
	<i>Penn</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

Miss Ingra May Blickenstaff

Town

County

Died at

Chesapeake

Washington

MARYLAND

Date

of death 1905

Month

9

Day

18

Age

Years

2

Months

7

Days

8

Sex

Female

Color or  
Race

White

Birth-  
place

Hollywood

Occupation

None

Where Residing if not  
at place of death

Chesapeake

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Mr. F. Blickenstaff

Father's  
Birthplace

Fred. Co.

Mother's  
Maiden Name

Loretta Morgan

Mother's  
Birthplace

.. ..

Name of person giving  
information

Loretta Blickenstaff

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Tubercular Meningitis

How long

Immediate

Exhaustion

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

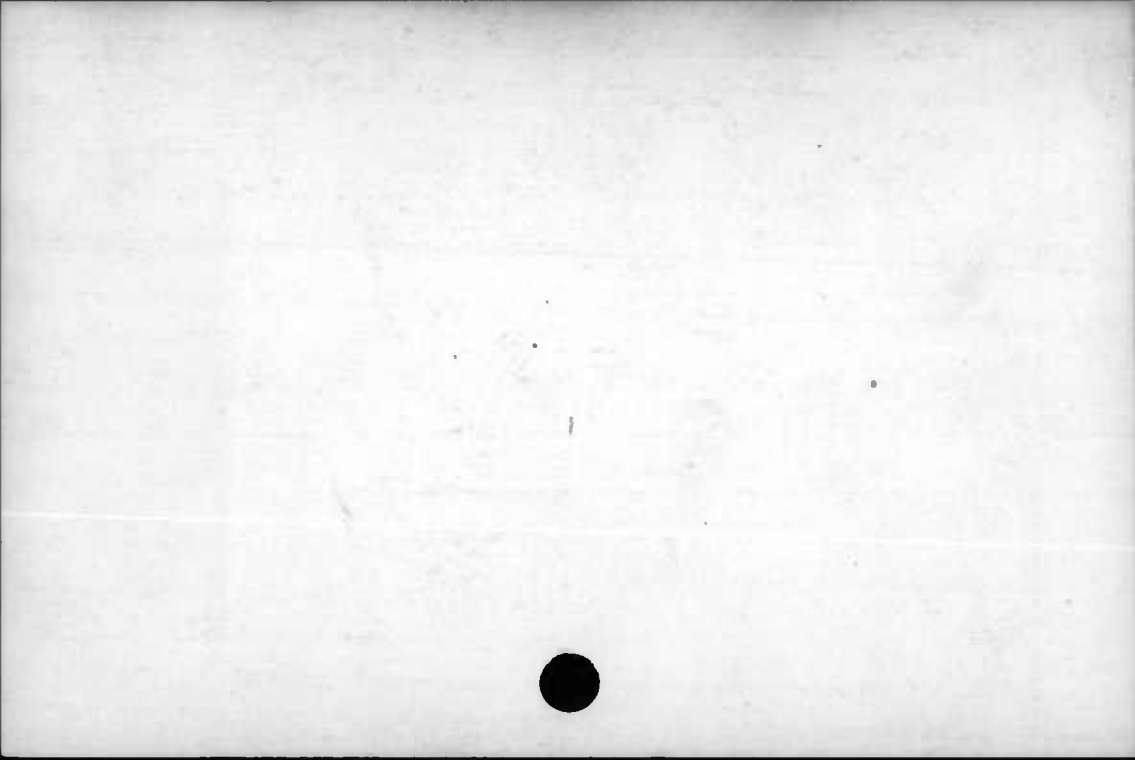
Dr. A. Quinn

Address

Chesapeake MD

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Harry H. Boyer

Died at *Pecktonville* Town*Wash* County

MARYLAND

Date  
of death *1905*Month *Sept*Day *8*Age *77*

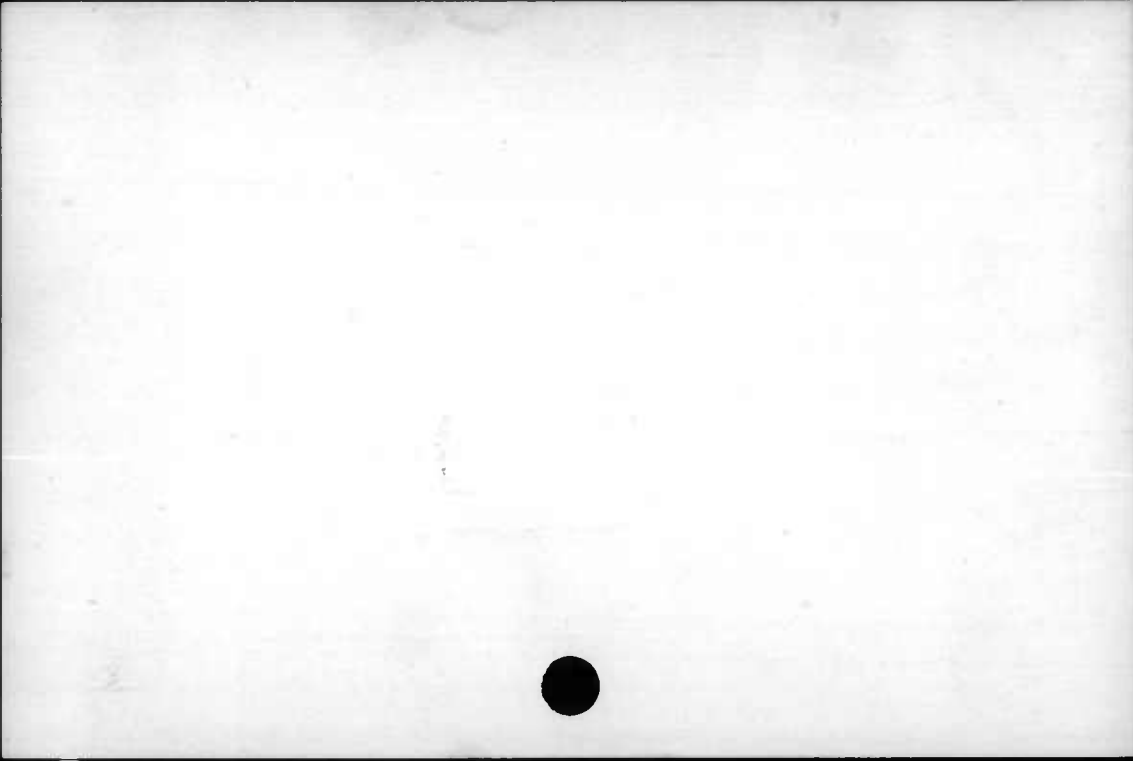
Years

Months

Days *23*Sex *Male*Color or  
Race *White*Birth-  
place *Maryland*Occupation *Old Soldier*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband *Ruth Harper*Father's  
NameFather's  
Birthplace *Ind*Mother's  
Maiden NameMother's  
Birthplace *"*Name of person giving  
information *Mrs Jerry Reed*How related  
to deceased *Daughter*

## CAUSES OF DEATH

Primary *Asthma & Dropsy*How long *5 years*Immediate *Dropsy*How long *6 months*Are the name, age, sex, color, date  
and place correctly given above? *Yes*Signature of  
Physician *P. E. Stigers*Address *Hancock**Frank B. Bors*Accident or Suicide? *Undertakers**Clear Spring*



Name  
in  
Full

## CERTIFICATE OF DEATH

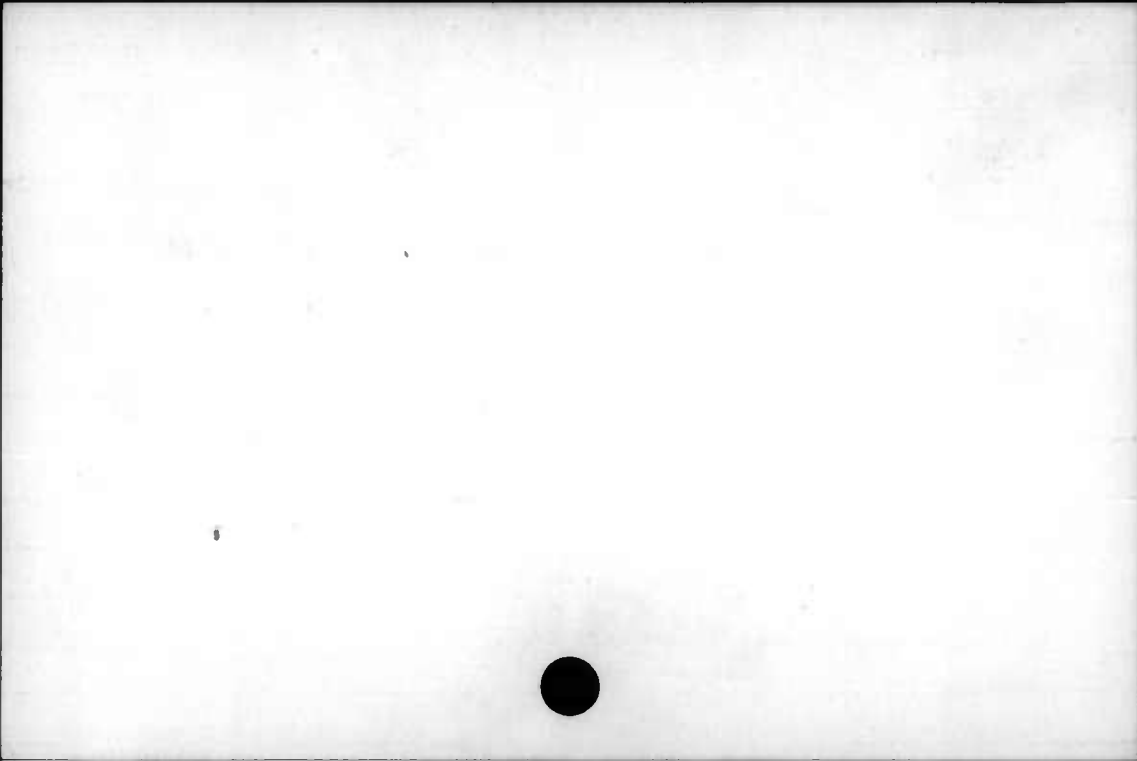
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs. Rebecca Bateler</i>		Town <i>Keokuk</i>		County <i>Washington</i>		MARYLAND	
Died at <i>Keokuk</i>		Month <i>9</i>		Day <i>10</i>		Years <i>68</i>	
Date of death <i>1905</i>		Month <i>9</i>		Age <i>68</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>M. d.</i>		Days <i>—</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Dr. R. H. Bateler</i>					
Father's Name <i>John Hammond</i>		Father's Birthplace <i>M. d.</i>					
Mother's Maiden Name <i>Elizabeth O'Neal</i>		Mother's Birthplace <i>M. d.</i>					
Name of person giving Information <i>G. I. Brown</i>		How related to deceased <i>Son-in-law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Visceral Cancer</i>	How long <i>2 Years</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Youette</i>
	Address <i>Brownsville Maryland</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hattie E. Bussard*  
Town *Wilson Dist-* County *Wash*Date of death *1905- Sept- 7* Age *37* Months *11* Days *13*Sex *Female* Color or Race *White* Birth-place *Md*Occupation *Housewife* Where Residing if not at place of deathMarried, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *C. S. Bussard*Father's Name *H. E. Beatty* Father's Birthplace *Md*Mother's Maiden Name *Unknown* Mother's Birthplace *—*Name of person giving information *C. S. Bussard* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Child Birth. Septaemia* How long *Sept-1*Immediate *Exhaustion* How long *Sept-7*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Harry B. Chritzman*Address *Fair View Md*Accident or Suicide? *Clear Spring*



Name  
in  
Full

Charles Roy Buzzard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> *Wilson* <sup>County</sup> *Dist. - Washington*

MARYLAND

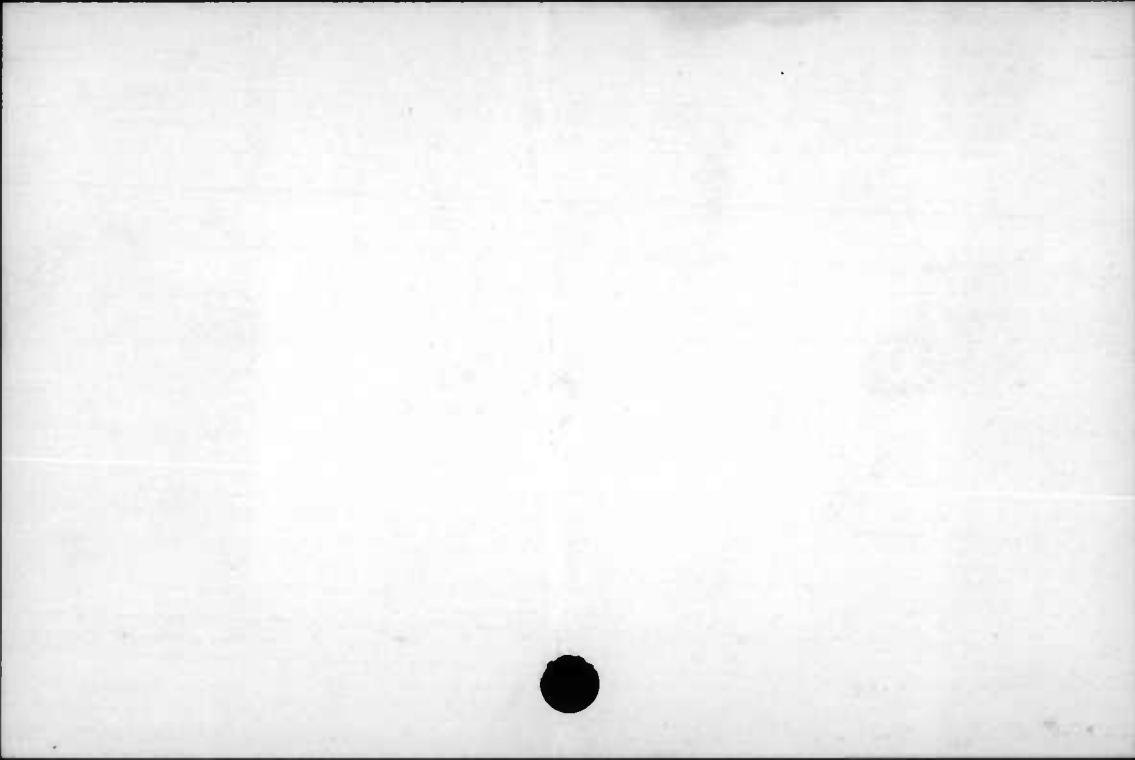
Date of death <sup>Month</sup> *Sept* <sup>Day</sup> *18* <sup>Years</sup> *4* <sup>Months</sup> *7* <sup>Days</sup> *16*Sex *male* Color or Race *white* Birth-place *Harrisburg Pa*Occupation *—* Where Residing if not at place of deathMarried, Single or Widowed *child* Name of Wife or Husband *child*Father's Name *Co. S. Buzzard*Father's Birthplace *Ind*Mother's Maiden Name *Hattie E. Beatty*Mother's Birthplace *Ind*Name of person giving information *Co. S. Buzzard*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Acute Intestinal Indigestion*How long *4 hours*Immediate *Phosphoric poisoning*How long *.. ..*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. M. Wutz*Address *Williamsport Maryland.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs Fannie Byron.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died <sup>Town</sup> near Hancock <sup>County</sup> WashDate of death 1901 <sup>Month</sup> Sept <sup>Day</sup> 6 Age <sup>Years</sup> 34 <sup>Months</sup> 6 <sup>Days</sup> —

Sex Female Color or Race White Birthplace Kansas

Occupation House wife Where Residing if not at place of death Baltimore Md

Married, Single or Widowed Married Name of Wife or Husband Thomas Byron.

Father's Name John Darnell Father's Birthplace Kansas

Mother's Maiden Name Nancy Smith. Mother's Birthplace New Jersey

Name of person giving Information E. J. Davis How related to deceased None.

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

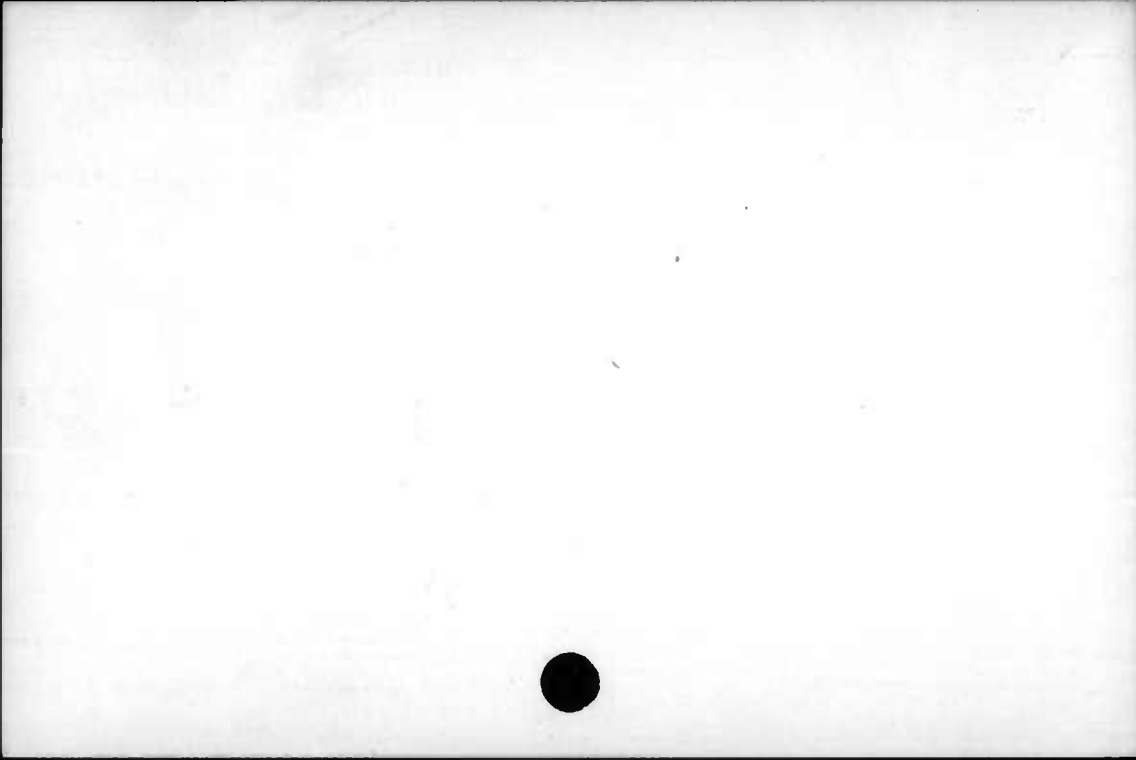
yes

Signature of Physician

Address

H. E. Tabler.  
Hancock Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs Lillie Craig*

Died at *Hagerstown* *Washington* County

Date of death *190* *9* *21* *44* Age *44* Months *—* Days *—*

Sex *Female* Color or Race *White* Birthplace *Wash. Co. Md.*

Occupation *House work* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Charles Craig*

Father's Name *John Grey* Father's Birthplace *Md*

Mother's Maiden Name *Martha Beamer* Mother's Birthplace *Md*

Name of person giving information *Charles Craig* How related to deceased *Husband*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

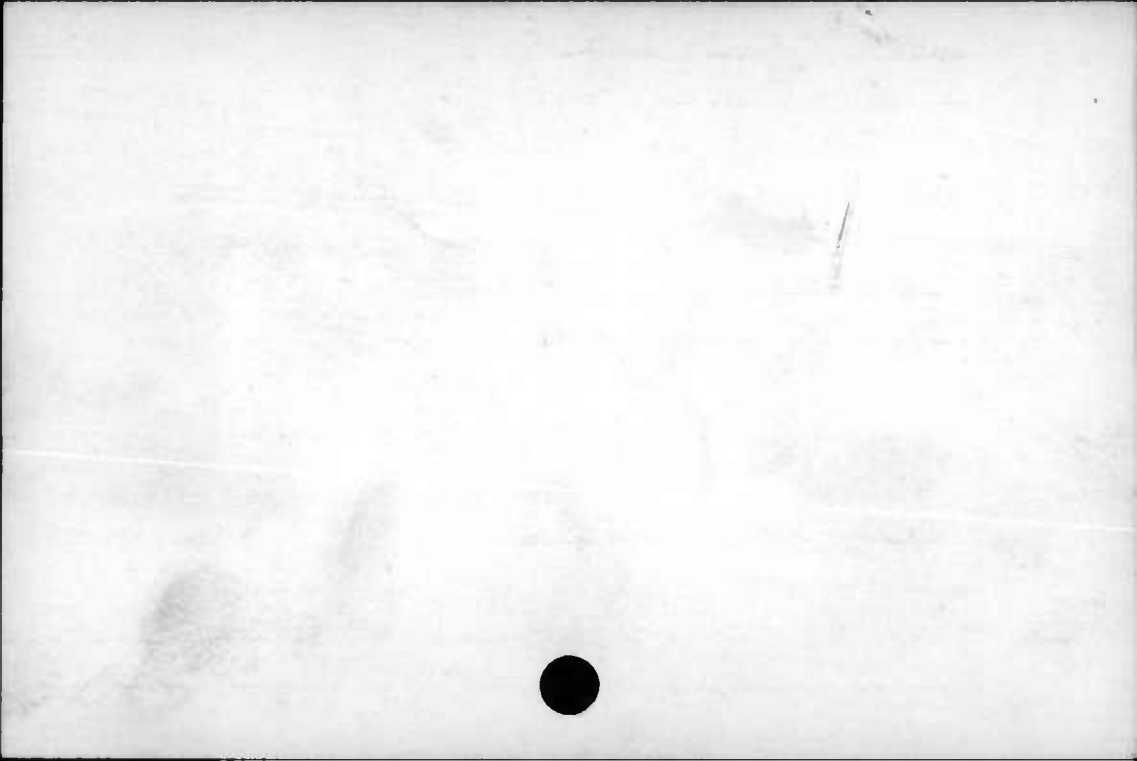
Primary *General Paralysis* *(6)* How long *Four months*

Immediate *Exhaustion* How long *several months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *A. H. W. Nagare*

Address *Hagerstown, Md.*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Henry Courfman* 265

Died at *WilliamSPORT* Town *Washington* County

Date of death 1905 *Sep* Month *21* Day Age *42* Years Months *7* Days *27*

Sex *Male* Color or Race *White* Birth-place *Cornwellsburg, Pa.*

Married, Single or Widowed *Single* Occupation *clerk*

Name of Wife or Husband

Father's Name *William Courfman* Father's Birthplace

Mother's Maiden Name *Rose Ann Routh* Mother's Birthplace

Name of person giving information *Joseph Downs* How related to deceased *Cousin*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Alcoholic Delirium Tremens* How long *Six weeks*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *y. y.*

Signature of Physician *W. Richardson*

Address *WilliamSPORT Md*

Accident or Suicide? *Accident*

Miller

Name  
in  
Full

Keitha S. Darner

## CERTIFICATE OF DEATH

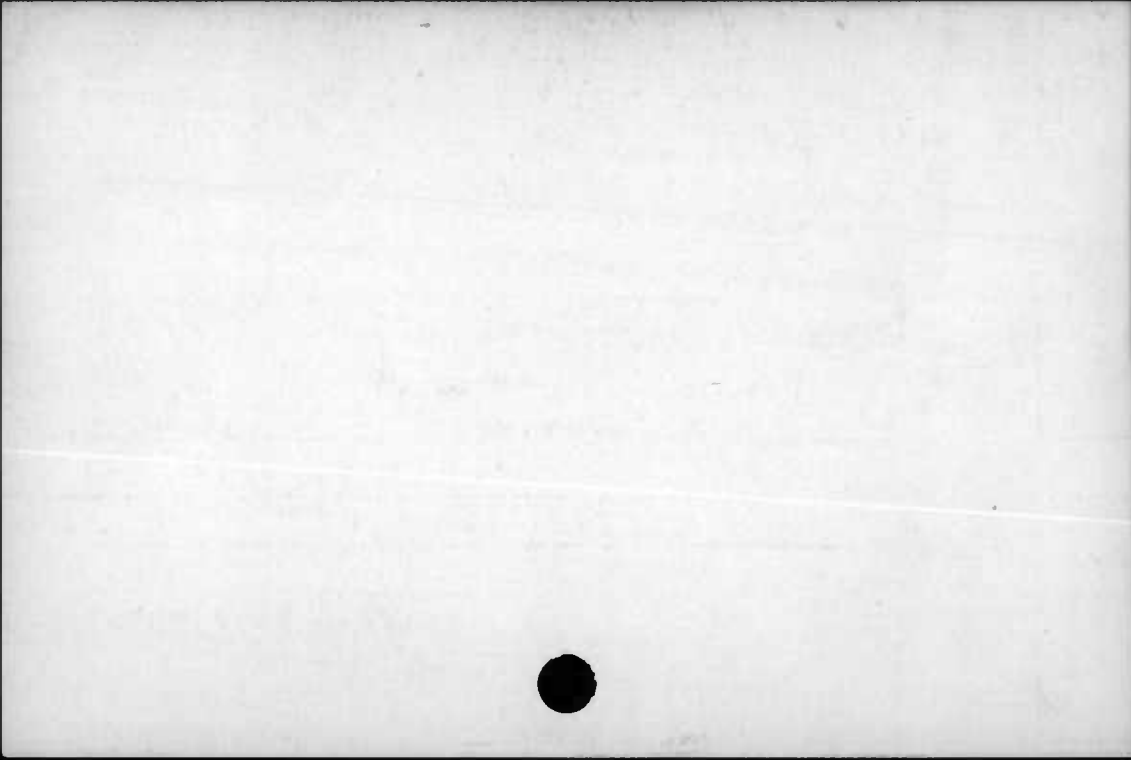
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>12</i>		Age <i>—</i> <sup>Years</sup>		<i>8</i> <sup>Months</sup> <i>Weeks</i> <sup>Days</sup>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagerstown Md.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edgar Darner</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Corinne Slater</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>Edgar Darner</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congenital Lack of Vitality (Premature Delivery)</i>		How long <i>—</i>
Immediate <i>Cardiac Failure</i>		How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. W. J. Gowan</i>
		Address <i>Hagerstown, Md.</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

William C Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Raystown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>3</u>	Month	<u>9</u>	Day	<u>1</u>
Age		<u>33</u>	Years	Months	Days
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind.</u>
Occupation	<u>Plasterer</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Leonard Davis</u>			Father's Birthplace	<u>Ind.</u>
Mother's Maiden Name	<u>Jane Palmer</u>			Mother's Birthplace	<u>Ind.</u>
Name of person giving information	<u>George Davis</u>			How related to deceased	<u>Brother</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Suicide</u>	How long	<u>(163)</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>H. E. Evans</u>
		Address	<u>Raystown Ind.</u> <u>Understepen</u>
Accident or Suicide?			

Rose Hill

Name  
in  
Full

## CERTIFICATE OF DEATH

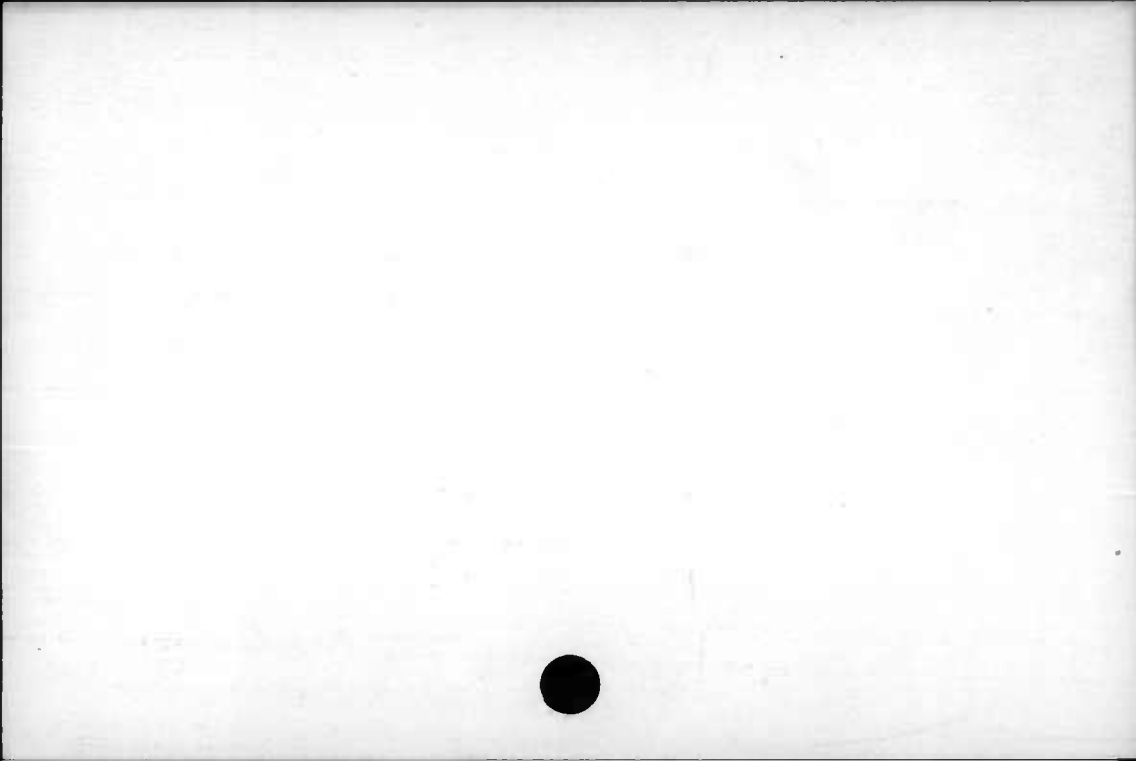
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Susan Anna Eastday</i>		Town <i>Kearneysville</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Died at <i>Kearneysville</i>		Date of death 1905 / 9 / 23		Age 55		Months 13	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Petersville</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Kearneysville</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Lewis A Eastday</i>		Father's Birthplace <i>Ford Co</i>			
Father's Name <i>Lewis A Eastday</i>		Mother's Maiden Name <i>Elanora Buxton</i>		Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Mrs Nellie Swindler</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Breast</i>	How long <i>4 years</i>
Immediate <i>Septic Infection</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. M. Nihiser</i>
	Address <i>Kearneysville Md.</i>
<i>Accident or Suicide?</i>	



Name  
in  
Full

Hiram J. Ebersole

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Antietam</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>Sep.</i> <small>Day</small> <i>28</i> <small>Years</small> <i>25</i> <small>Months</small> <i>9</i> <small>Days</small> <i>9</i>		Sex <i>Male</i>		Color or Race <i>White</i>	
Occupation <i>Farmer</i>		Where Residing If not at place of death <i>Near Winchester</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Blanche Ebersole</i>			
Father's Name <i>David Ebersole</i>		Father's Birthplace <i>Penna</i>			
Mother's Maiden Name <i>Emma R. Unger</i>		Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Dennis Ebersole</i>		How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>about 3 weeks</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>a short time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. Harrison</i>
	Address <i>Sharpsburg Md</i>
Accident or Suicide?	

Chas. S. Wade  
Undertaker.

---

John E. Eichelberger

## CERTIFICATE OF DEATH

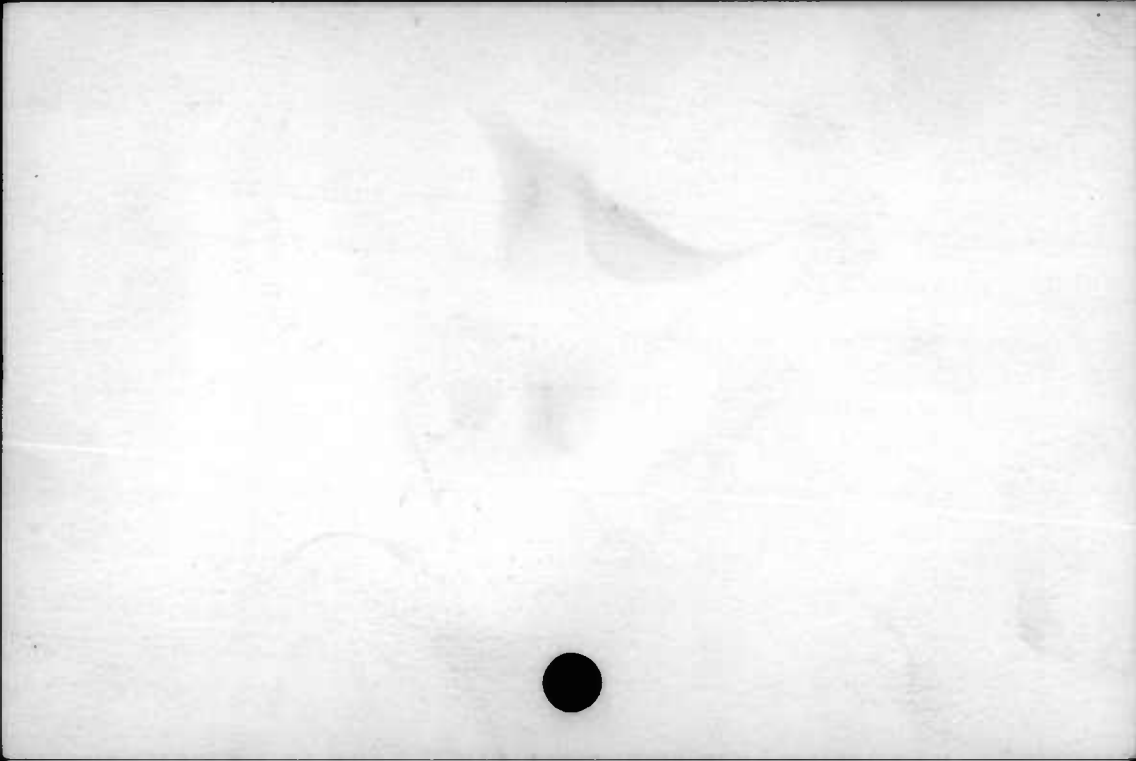
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Boonsboro</i>			Town <i>Washington</i>		County		MARYLAND						
Date of death <i>1905</i>		Month <i>Sept.</i>		Day <i>29</i>		Age <i>1</i>		Years		Months		Days <i>3</i>	
Sex <i>Male</i>				Color or Race <i>White</i>				Birth-place					
Occupation						Where Residing If not at place of death							
Married, Single, or <i>Widowed</i>						Name of Wife or Husband							
Father's Name <i>Earl Eichelberger</i>						Father's Birthplace <i>Maryland</i>							
Mother's Maiden Name <i>Iva Lane</i>						Mother's Birthplace <i>West Va.</i>							
Name of person giving information <i>Earl Eichelberger</i>						How related to deceased <i>Father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Cholera Infantum</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. Smith</i>	
		Address <i>Boonsboro Md</i>	
Accident or Suicide?			



Name  
in  
Full

Harry Edward Funk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Washington		MARYLAND			
Date of death		1905	Month 9	Day 26	Age —	Years —	Months —	Days 8	
Sex Male		Color or Race White		Birth- place Md					
Occupation —				Where Residing if not at place of death —					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name		Charles H. Funk				Father's Birthplace			Md
Mother's Maiden Name		Elizabeth S. Eader				Mother's Birthplace			Md
Name of person giving In formation		Charles H. Eader				How related to deceased			Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

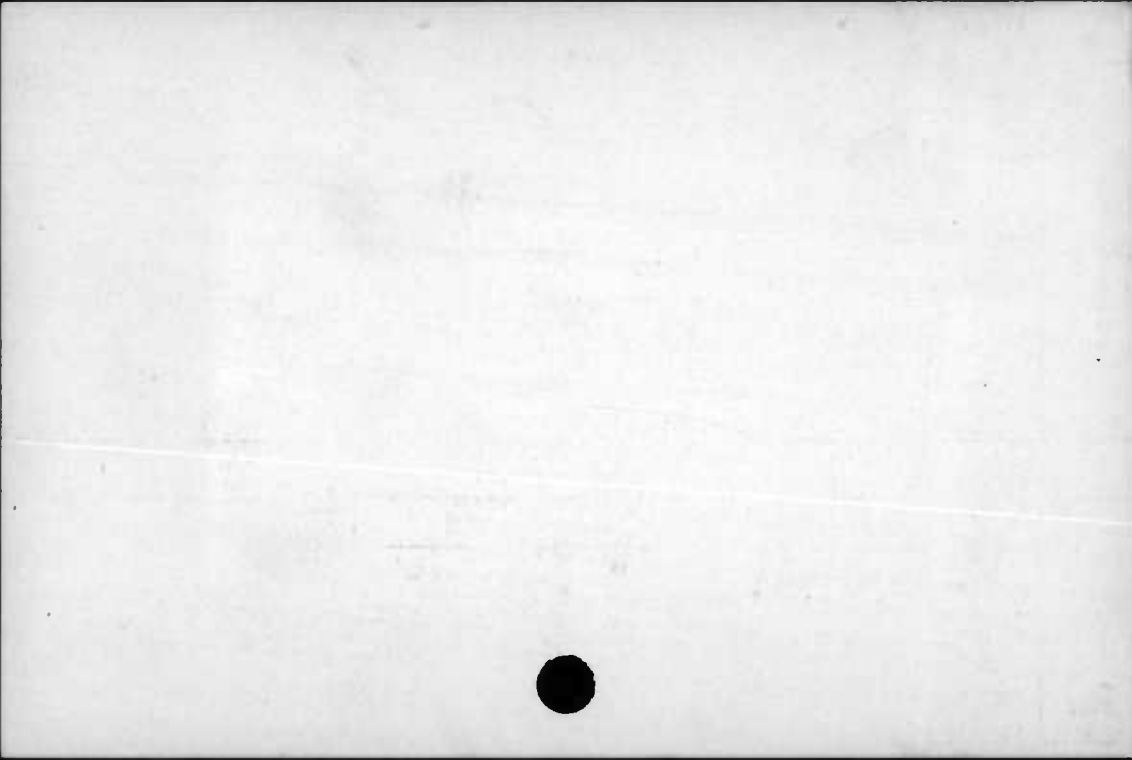
Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?			

71

Convulsions

2 days

S W Munster MD  
Hagerstown  
Md



Name  
in  
Full

Dora Bell Funkhouser

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Indian Spring County Washington  
 Died at Indian Spring  
 Date of death 1905 Sept 18 18 11  
 Sex Female Color or Race White Birth-place Ind  
 Occupation — Where Residing if not at place of death —

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
NameWm FunkhouserFather's  
BirthplaceIndMother's  
Maiden NameAda ForsytheMother's  
Birthplace11Name of person giving  
InformationWm FunkhouserHow related  
to deceasedFather

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Malignant Jaundice

How long

151 5 days

Immediate

Asthenia

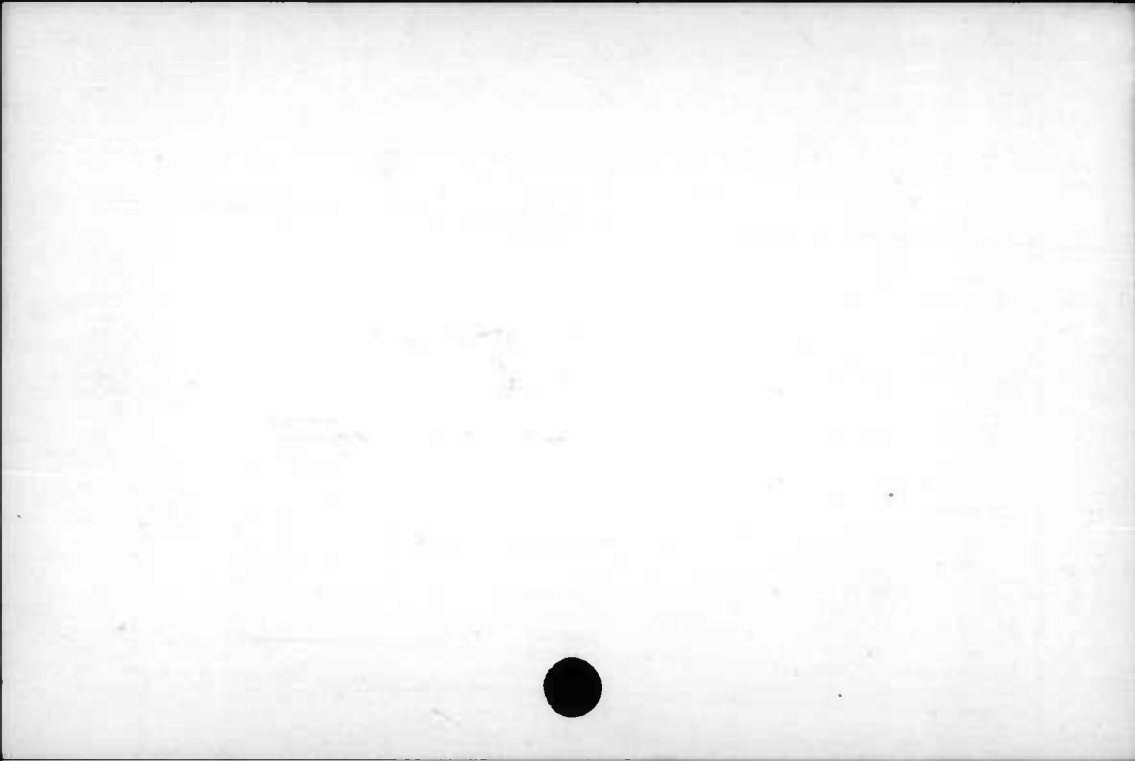
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
PhysicianChas J Mason

Address

Clearspring  
md

Accident or Suicide?



Name  
in  
Full

*Errol Sanders Liger*

CERTIFICATE OF DEATH

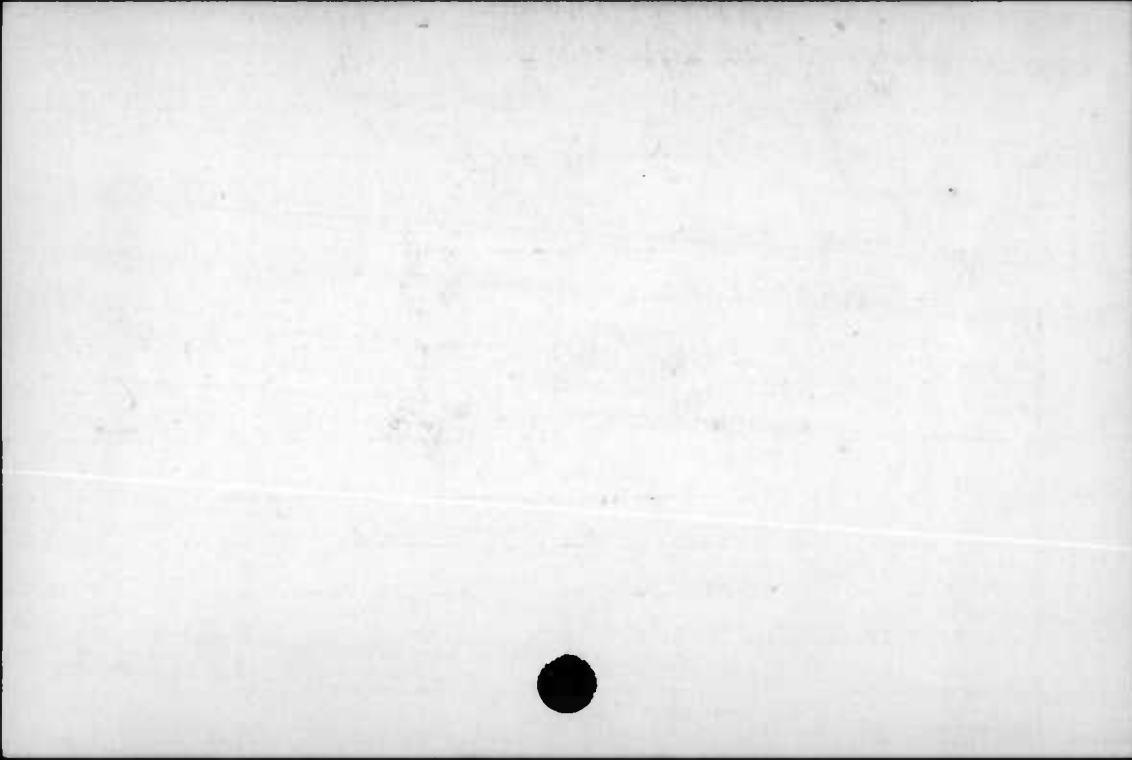
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	Month <i>9</i>	Day <i>11</i>	Age _____	Years _____	Months _____ Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Park Liger</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Carrie B Sanders</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Park Liger</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Weakness</i>	How long _____
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. E. A. [illegible]</i>
	Address _____
Accident or Suicide? _____	



Name  
in  
Full

Ellen Grimmer.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

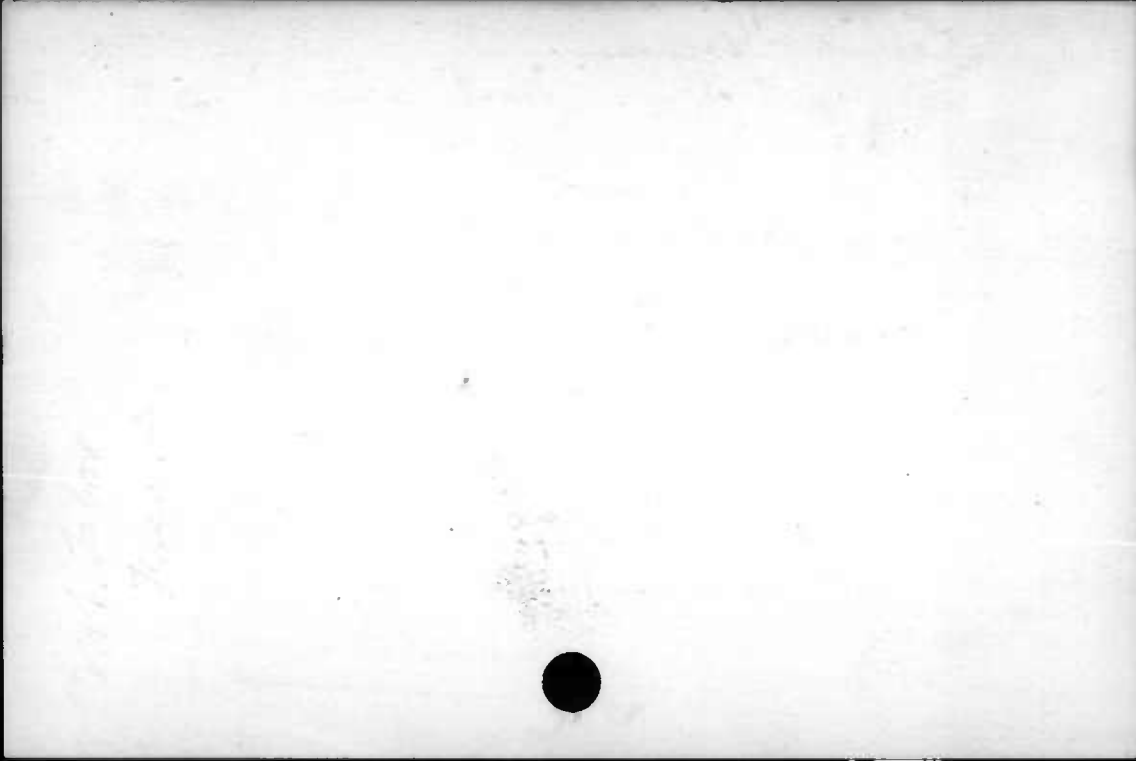
MARYLAND

Died at <sup>Town</sup> Park Hall <sup>County</sup> WashingtonDate of death 1905 <sup>Month</sup> Sept. <sup>Day</sup> 2 <sup>Years</sup> Age 53 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> MarylandOccupation House-wife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Lorenzo Grimmer.Father's Name George James <sup>Father's Birthplace</sup> MarylandMother's Maiden Name Rachel Hattie <sup>Mother's Birthplace</sup> VirginiaName of person giving information Mrs. John Morgan <sup>How related to deceased</sup> Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Tuberculosis Pulmonary <sup>How long</sup> 5 yearsImmediate Hemorrhage - Pleural <sup>How long</sup> SuddenAre the name, age, sex, color, date and place correctly given above? yes <sup>Signature of Physician</sup> J. Hubert Wade M.D.<sup>Address</sup> Boonsboro. Md.

Accident or Suicide? No



Name  
in  
Full

Stella Viola Hahn

## CERTIFICATE OF DEATH

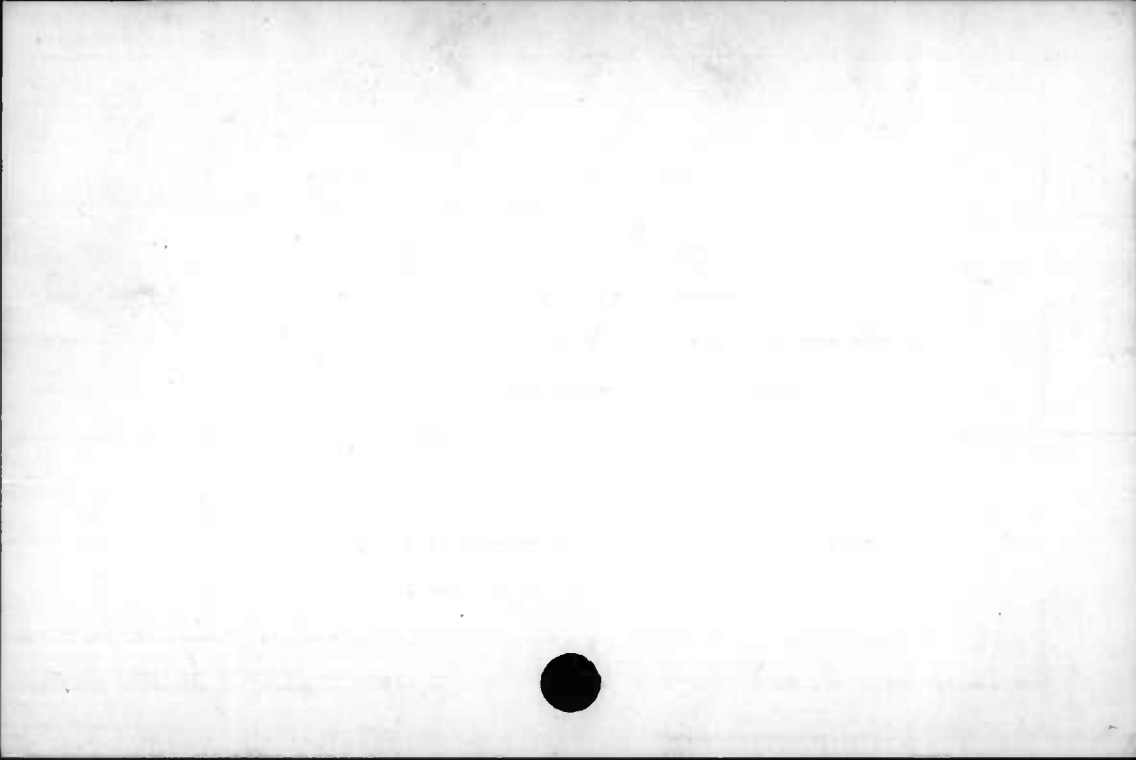
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brownsville</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Year</small>	<u>Sept</u> <small>Month</small>	<u>22</u> <small>Day</small>	<u>21</u> <small>Age</small>	<u>7</u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>San Francisco</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, <u>Yes</u> <small>or Widowed</small>	<u>Married</u>	Name of Wife or Husband <u>Edward</u>		<u>Hahn</u>	
Father's Name <u>Lawson</u>	<u>Baker</u>	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <u>Charles Edward Hahn</u>	How related to deceased <u>Husband</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>Seven days</u>
Immediate <u>Cerebral hemorrhage</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. L. Blessing M.D.</u>
	Address <u>Brownsville</u>
Accident or Suicide? <u>no.</u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Frank T. Hipsley.

Died at *Hagerstown*

Town

County

*Wash.*

MARYLAND

Date  
of death *1905 Sept*

Month

Day

Age

Years

Months

Days

Sex *male*Color or  
Race*white*Birth-  
place*Pa.*

Occupation

*Telegraph Operator*Where Residing if not  
at place of deathMarried, Single  
or Widowed*married*Name of Wife or  
Husband*Mrs Mamie Hipsley.*Father's  
Name*Thomas Hipsley*Father's  
Birthplace*Pa.*Mother's  
Maiden Name*Josephine Pratt*Mother's  
Birthplace*"*Name of person giving  
Information*Gossie Hipsley*How related  
to deceased*daughter.*

## CAUSES OF DEATH

Primary

*Paralysis*

How long

Immediate

*Exhaustion*

How long

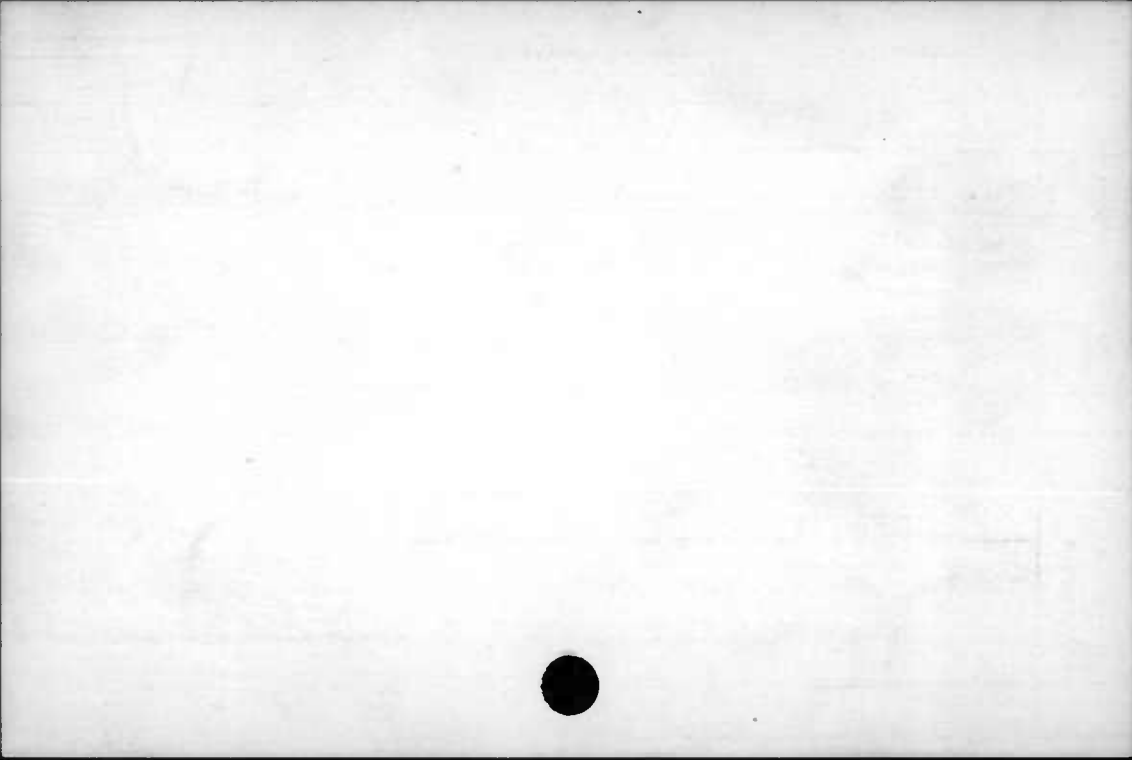
Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*W B Morrison,  
Hagerstown,  
Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in  
Full

## CERTIFICATE OF DEATH

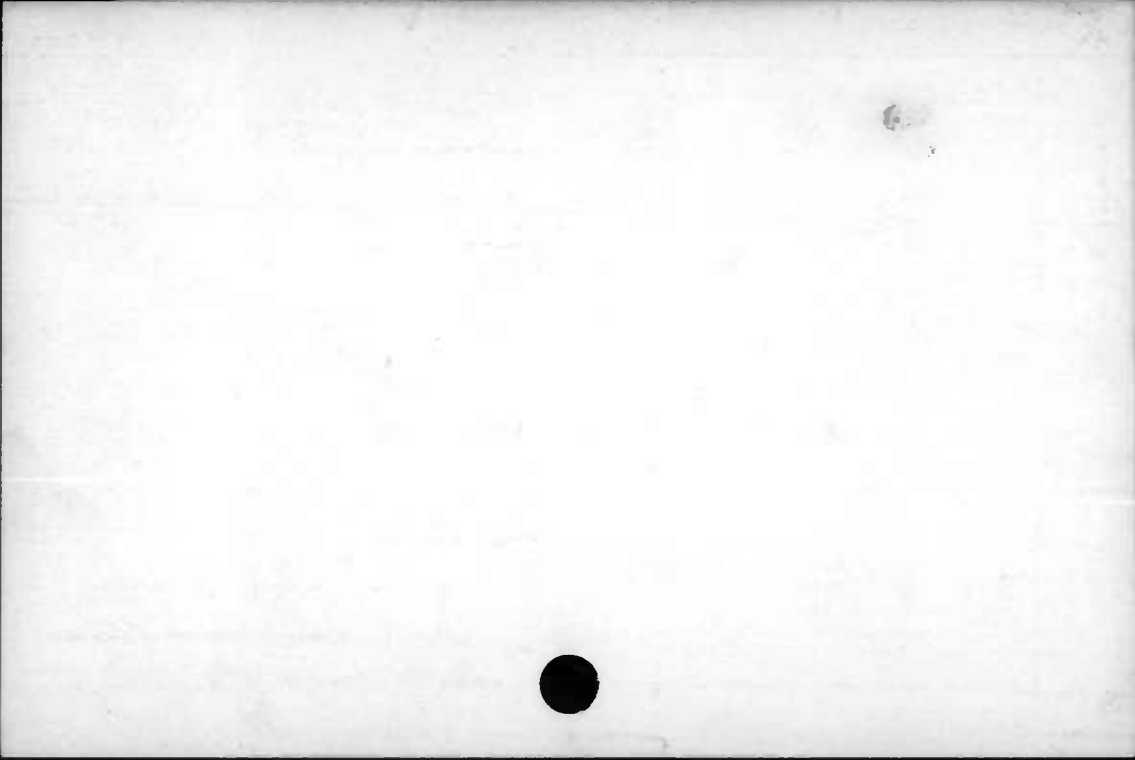
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death		Month <i>1903</i>	Day <i>Sep.</i>	Age <i>7</i>	Years <i>62</i>	Months <i>2</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Occupation <i>Boarding-house keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Michael Hockman</i>						
Father's Name <i>Daniel Long</i>	Father's Birthplace <i>Pa.</i>						
Mother's Maiden Name <i>Mary Wise</i>	Mother's Birthplace <i>Pa.</i>						
Name of person giving information <i>Mrs. Leach</i>		How related to deceased <i>Daughter</i>					

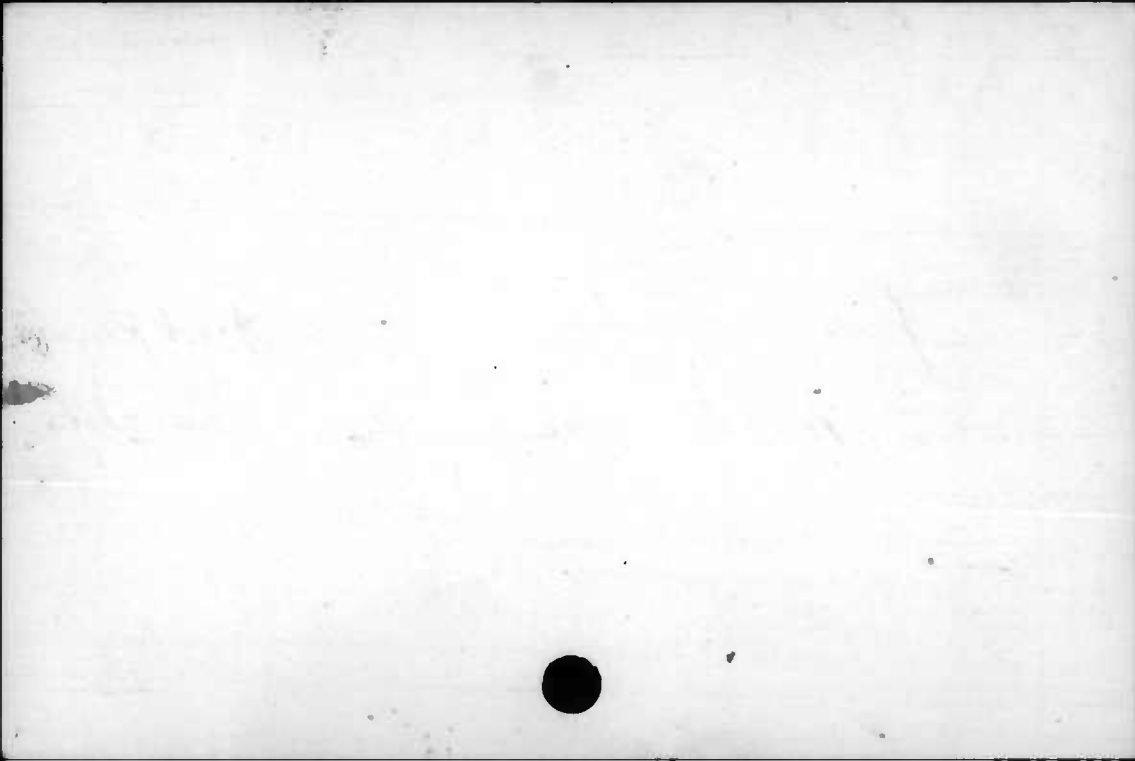
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>14</i>	How long
Immediate	<i>Cerebral Hemorrhage.</i>	How long <i>15 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Mary A. Laughlin</i>
		Address <i>28 W. Franklin St. Hagerstown, Md.</i>
Accident or Suicide?		



Name in Full		George W Huffer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Trego <sup>Town</sup>		County Wash.		
		Date of death		1905	Month 9	Day 17	Age 82	Years 9
		Sex		M	Color or Race		W	Birth-place
		Occupation		none	Where Residing if not at place of death		Rohrererville	
		Maiden Name		none	Name of Wife or Husband		John Huffer	
PHYSICIAN OR CORONER		Father's Name		John Huffer		Father's Birthplace		
		Mother's Maiden Name		Catherine Linn		Mother's Birthplace		
		Name of person giving information		Mrs Samuel Buck		How related to deceased		
						Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		154		How long		
		Immediate		old age		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
						Address		
		Accident or Suicide?				Rohrererville, Mo.		



Name  
in  
Full

Mary Ann Elizabeth Keplinger

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Keokuk<sup>County</sup> Washington

MARYLAND

Date of death 1905 9

Day 21

Age 54

Months 4

Days

Sex Female

Color ~~Base~~ white

Birth-place Md

Occupation Housewife

Where Residing if not at place of death

Keokuk

Married, ~~Single~~  
or ~~Widow~~Name of ~~Wife~~  
Husband

Samuel Clinton Keplinger

Father's Name Jacob C Rohrer

Father's Birthplace

Md

Mother's Maiden Name Roseann Keafavor

Mother's Birthplace

Md

Name of person giving information Mrs G. E. Riderover

How related to deceased

Daughter

## CAUSES OF DEATH

Primary Typhoid Fever

How long

3 weeks

Immediate Ratty degeneration of Heart

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

W. M. Mihiser

Address

Keokuk Md

~~Accident or Suicide~~TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

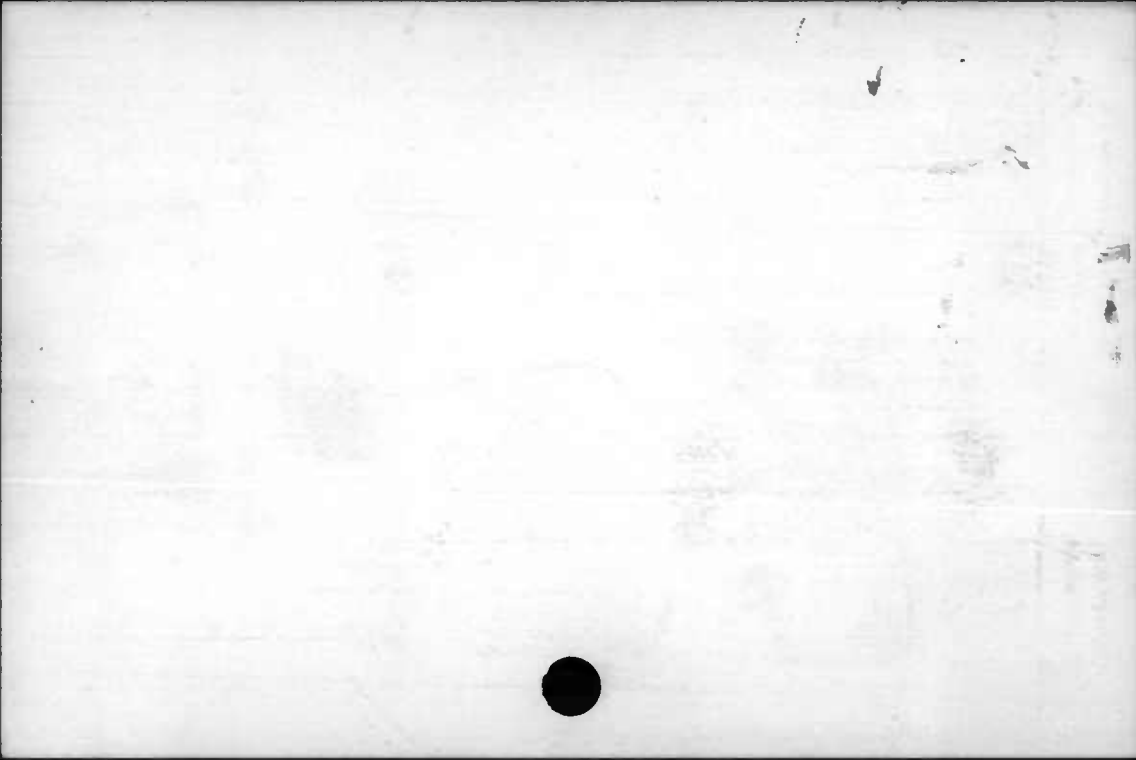
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Merl Edward Lewis</b>		Town <b>Hagerstown</b>		County <b>Wash</b>		MARYLAND	
Died at		Date of death		Age		Months	
		Month <b>9</b> Day <b>14</b> Year <b>1905</b>		Years <b>—</b>		Days <b>24</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Md.</b>			
Occupation <b>—</b>				Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Samuel E Lewis</b>		Father's Birthplace <b>Md.</b>					
Mother's Maiden Name <b>Hannie A Pusmisell</b>		Mother's Birthplace <b>La.</b>					
Name of person giving information <b>S.E. Lewis</b>		How related to deceased <b>father.</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Cholera Infantum</b>	How long	<b>65</b>
Immediate	<b>..</b>	How long	<b>..</b>
Are the name, age, sex, color, date and place correctly given above? <b>yy</b>		Signature of Physician <b>Wm. Pusin Miller</b>	
		Address <b>1222222222222222</b>	
Accident or Suicide? <b>—</b>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Jonas S. McCardell*  
Town *Hagerstown* County *Wash.*

MARYLAND

Died at *Hagerstown*  
Date of death *1905* Month *Sept* Day *14* Age *38* Years Months *1* Days *12*

Sex *male* Color or Race *white* Birth-place *md.*

Occupation *Printer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife *Carrie Good McCardell* Husband

Father's Name *Upton F. McCardell* Father's Birthplace *md.*

Mother's Maiden Name *Annie E. Morin* Mother's Birthplace *"*

Name of person giving information *Mrs. J. S. McCardell* How related to deceased *wife*

CAUSES OF DEATH

Primary *Sarcousa* How long *8 months*

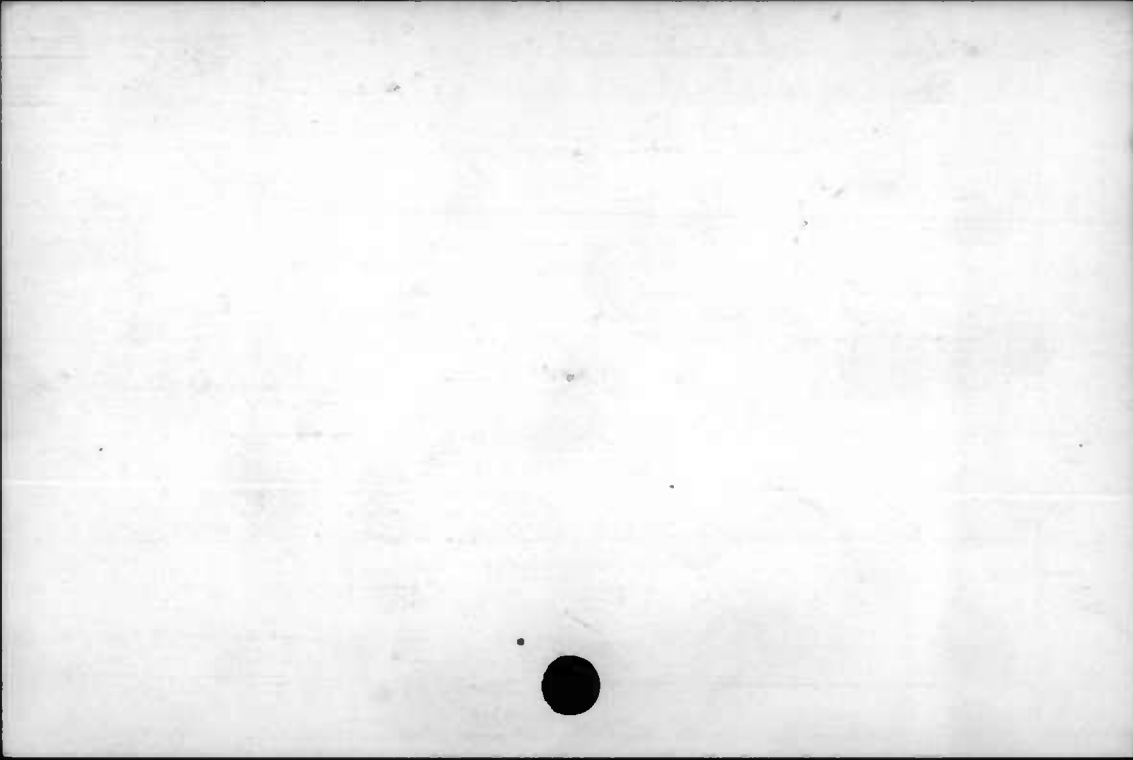
Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *J. M. Scott*

Address *Hagerstown*

*Accident or Suicide?*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

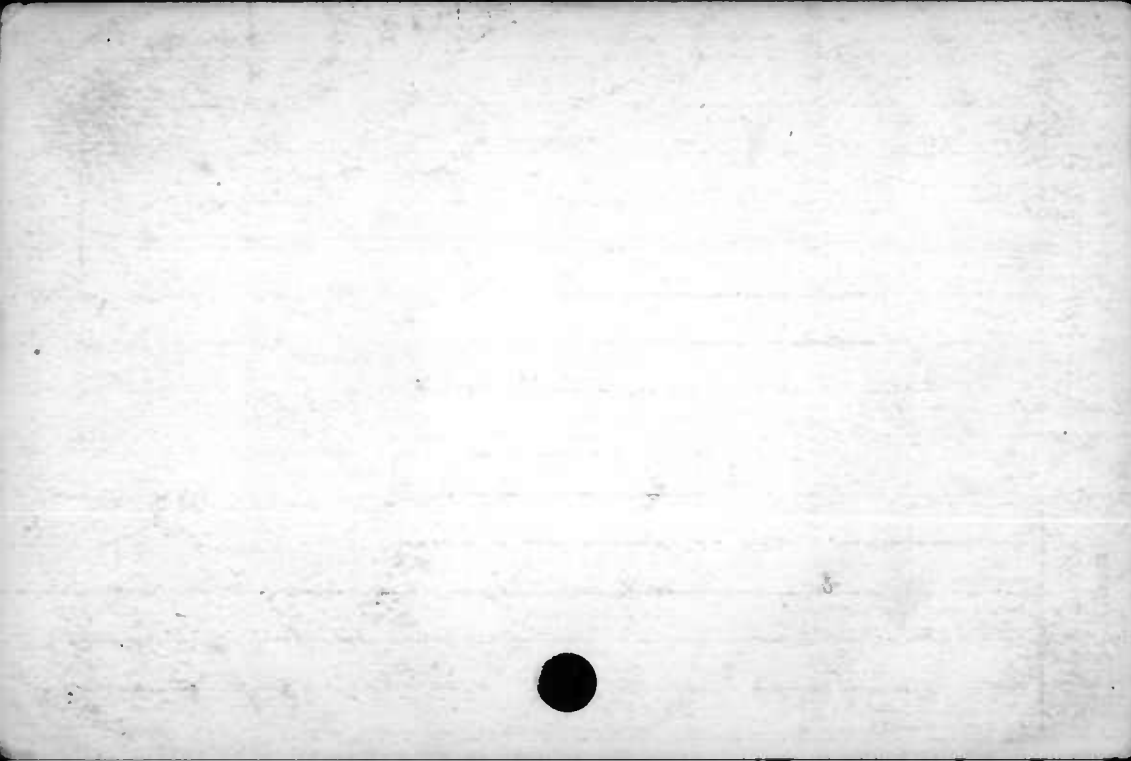
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Maryland* <sup>County</sup> *Washington*Date of death **1905** <sup>Month</sup> *Sept* <sup>Day</sup> *5* <sup>Years</sup> *81* <sup>Months</sup> *6* <sup>Days</sup> *15*Sex *Female* Color or Race *White* Birthplace *Greenspring, Md.*Occupation *Wife of R.R. Man* Where Residing if not at place of death *Maryland*Married, Single or Widowed *Widow* Name of Wife or Husband *Sarah MC Cury*Father's Name *Daniel MC Cury* Father's Birthplace *Mc Cury, Tenn.*Mother's Maiden Name *Shaw* Mother's Birthplace *Greenspring, Md.*Name of person giving In formation *Benny MC Cury* How related to deceased *Son*

## CAUSES OF DEATH

Primary *Heart failure -* *154* How long *Saw months*Immediate *old age* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Chas B Boyle M.D.*Address *Washington M.D.*Accident or Suicide? *—*



Name  
in  
Full

Henry W. Pherson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

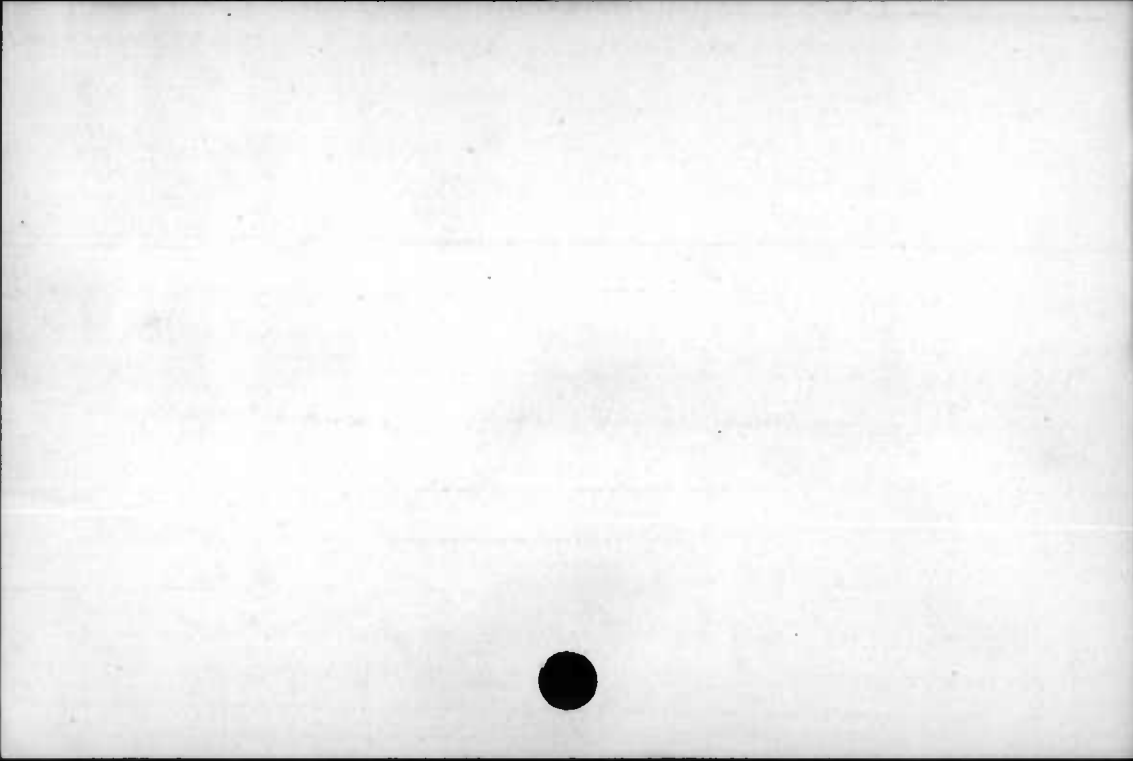
Died at <i>Smoke town</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	9	Day	3
Sex	Male	Color or Race	White	Age	—
Occupation	—		Birth-place	<i>Smoke town</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

*Concussions**yes**71**John Clark Sub Registrar*  
*Beaver Creek Md.*



Name  
in  
Full

Charles Elmer Marshal

## CERTIFICATE OF DEATH

MARYLAND

Died at Zeys Town

County

Wash.

Date

of death

1905

Month

9

Day

1

Years

Age

8

Months

3

Days

23

Sex

MaleColor or  
RacewhiteBirth-  
placeZeys Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameJacob MarshalFather's  
BirthplaceWash. Col MdMother's  
Maiden NameRachel Rebecca HolmenMother's  
BirthplaceW. Wash.Name of person giving  
informationDr. C D BakerHow related  
to deceased

## CAUSES OF DEATH

Primary

Milk poisoning

How long

4 weeks.

Immediate

Dis Colitis

How long

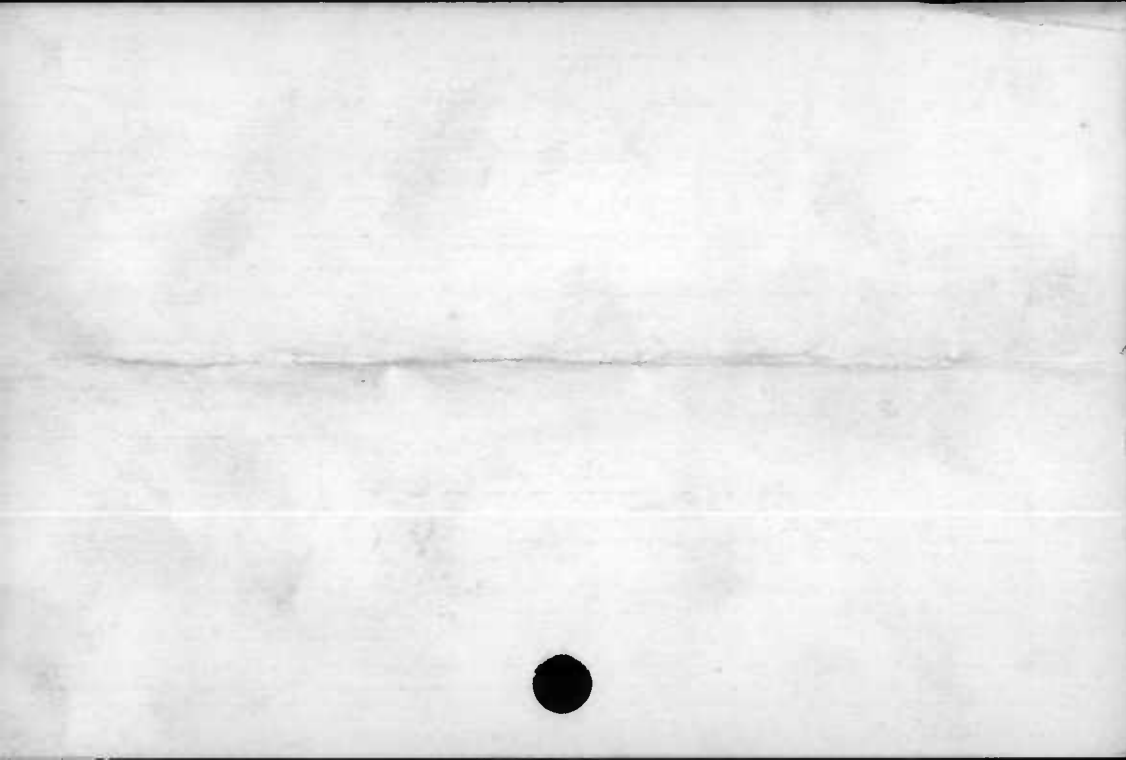
3 daysAre the name, age, sex, color, date  
and place correctly given above?YesSignature of  
Physician

Address

C D Baker M D  
Robbersville Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Catherine Martin

CERTIFICATE OF DEATH

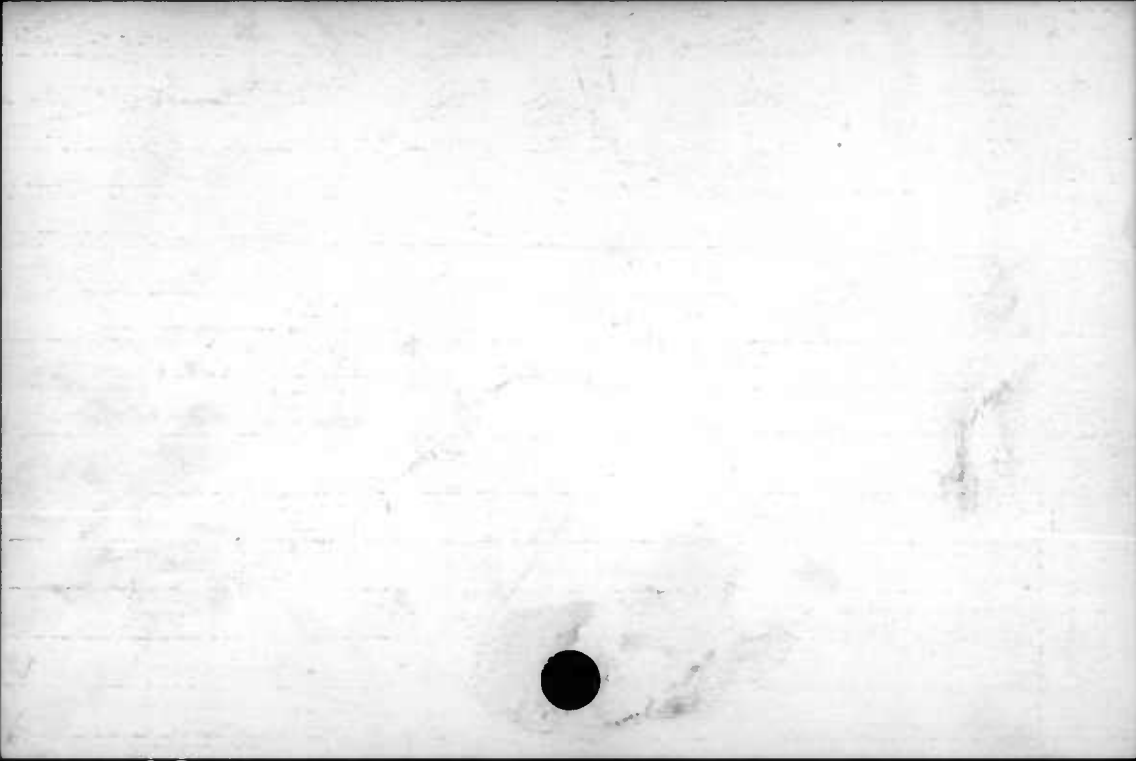
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>her home</i>		Town <i>Franklin</i>		County <i>Maryland</i>	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>10</i>	Years <i>54</i>	Months <i>6</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Franklin, Maryland</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Samuel H Martin</i>			
Father's Name <i>Jacob Shank</i>			Father's Birthplace <i>Franklin Co</i>		
Mother's Maiden Name <i>Martha S. Srite</i>			Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>John Shank</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Leucemia</i>	How long <i>4 years</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Howell</i>
	Address <i>Greencastle Pa</i>
Accident or Suicide?	



Name  
in  
Full

Elija Beth Martz

## CERTIFICATE OF DEATH

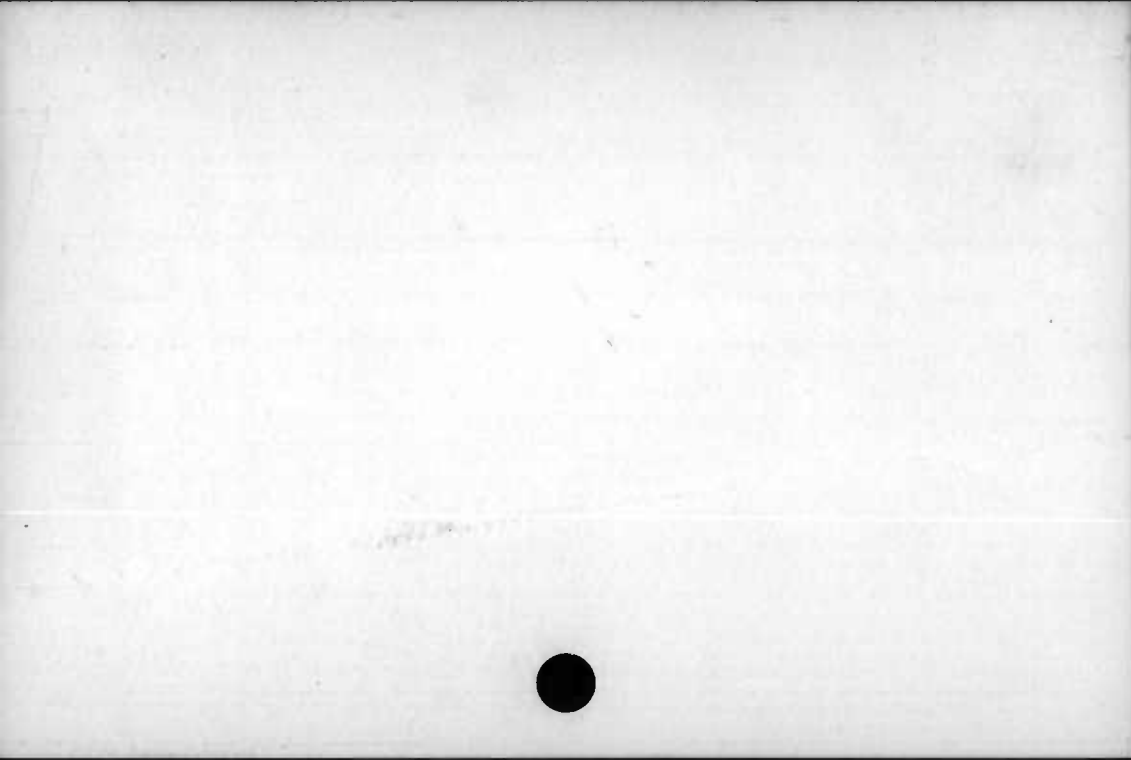
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Mapleville		County Washington		MARYLAND	
Date of death 1905	Month Sept.	Day 5 <sup>th</sup>	Years 70	Months	Days		
Sex Female	Color or Race White		Birth- place Maryland				
Married, Single or Widowed Widowed		Occupation Nurse					
Name of Wife or Husband John Martz							
Father's Name				Father's Birthplace Maryland			
Mother's Maiden Name Miller				Mother's Birthplace Maryland			
Name of person giving In formation Clara Klue				How related to deceased Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Apoplexy	How long	12 weeks
Immediate	General Debility	How long	12 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Hubert Wade, M.D.
yes		Address	Boonsboro. Md.
Accident or Suicide?		no	



Name  
in  
Full

Still born Middlekuff

CERTIFICATE OF DEATH

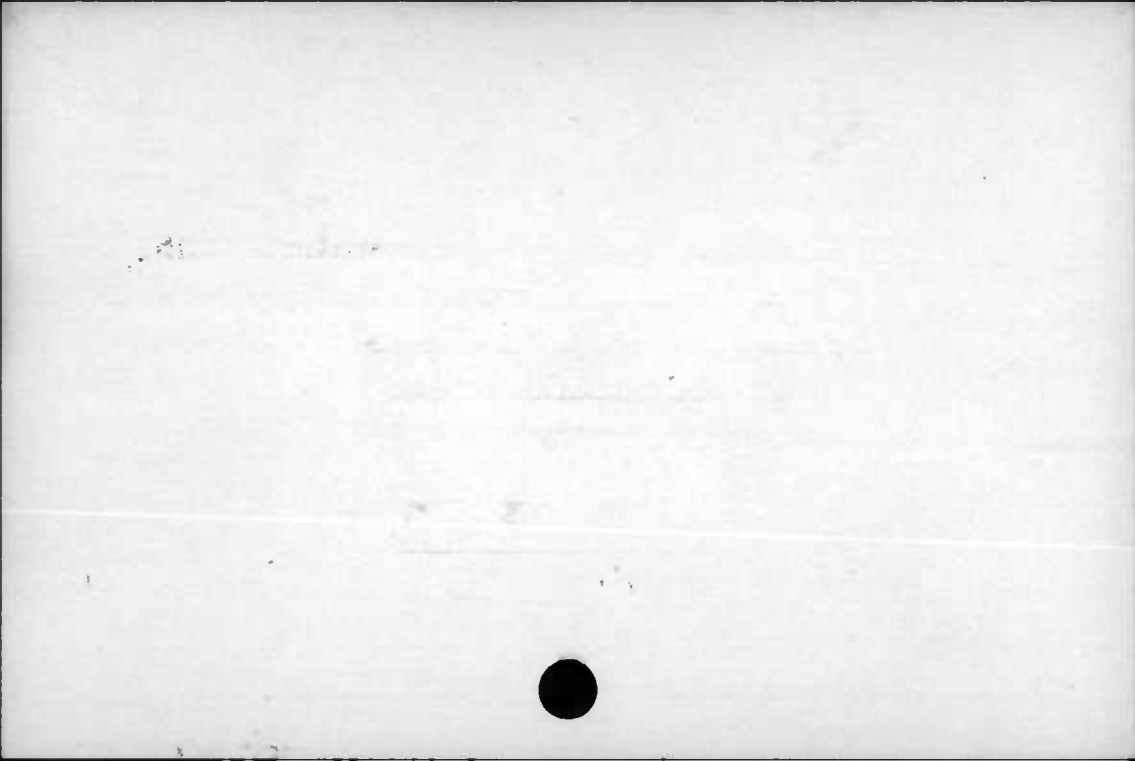
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Heargustan		Washington					
Date of death 190	Month	Day	Age	Years	Months	Days	
17	Sep	17	17	17	17	17	17
Sex		Color or Race		Birth-place			
male		white		Heargustan Md			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Albert H. Middlekuff				Wash Co. Md			
Mother's Maiden Name				Mother's Birthplace			
Vigie C. Knoch				Heargustan Md			
Name of person giving information				How related to deceased			
Albert H. Middlekuff				Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Still born	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	O. H. W. Ragan
	Address
	Heargustan, Md.
Accident, or Suicide?	



Name  
in  
Full

John Thomas Miller 261

## CERTIFICATE OF DEATH

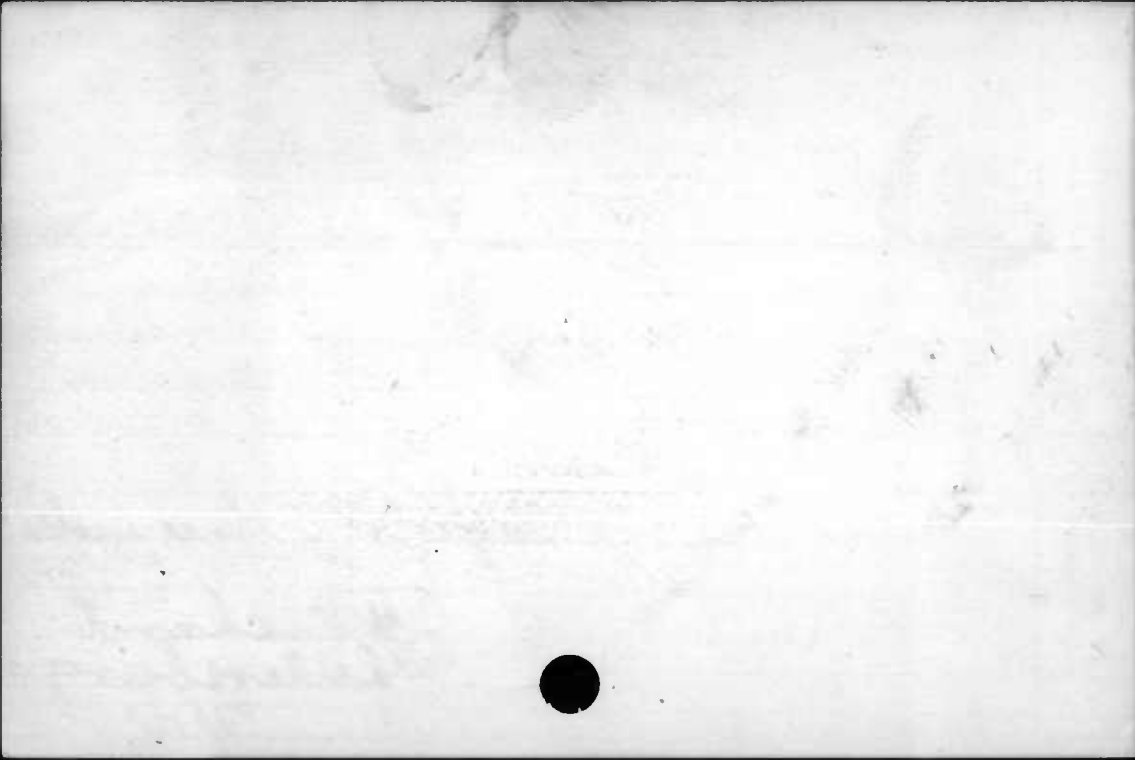
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Williams		County Washington		MARYLAND	
Date of death		Month Sept.	Day 2	Age	Years 66	Months 11	Days 1
Sex Male		Color or Race White		Birth-place Berkeley N Va			
Occupation Laborer		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Mary E. Spitzeroghe					
Father's Name Herry Miller		Father's Birthplace Sage town Va					
Mother's Maiden Name Mary Freich		Mother's Birthplace Back Creek Va					
Name of person giving information Ella E Miller		How related to deceased Daughter in law					

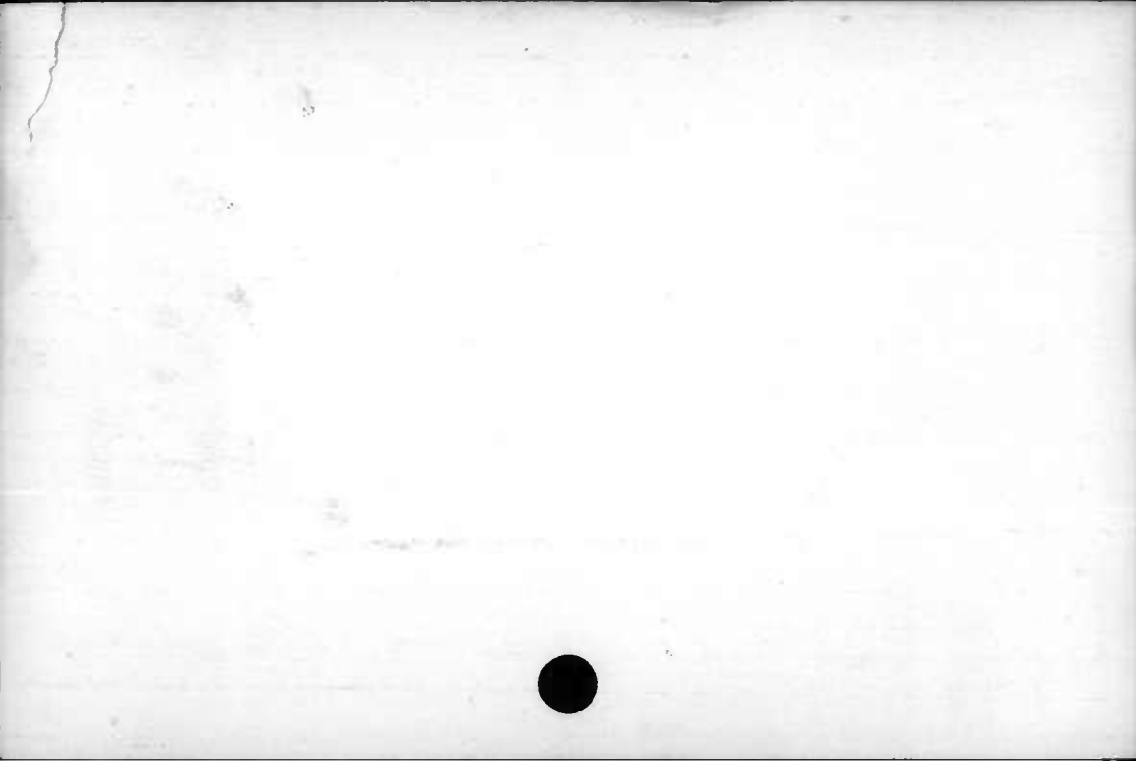
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary:	General debility	How long	Three years
Immediate	Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. Richardson	
		Address	
		Williamsport Md.	
Accident or Suicide. —			



Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	David Miner		County		MARYLAND	
	Died at Greensburg		Washington			
	Date of death 1905	Month 9	Day 22	Age 80	Months 1	Days 21
	Sex Male	Color or Race White	Birth-place near Leitersburg			
	Occupation Laborer	Where Residing if not at place of death Greensburg				
	Married, Single or Widowed	Name of Wife or Husband David Miner				
	Father's Name John Miner	Father's Birthplace Leitersburg				
Mother's Maiden Name Fieby Burkhard	Mother's Birthplace Wash. Co.					
Name of person giving information Myrtle Miner	How related to deceased Daughter					
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Infirmitis of old age		How long 15	Three weeks	
	Immediate			How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician J. H. Wishard	Address Leitersburg Md.	
	Accident or Suicide?					



Name  
in  
Full

Claude B. Mofingo

CERTIFICATE OF DEATH

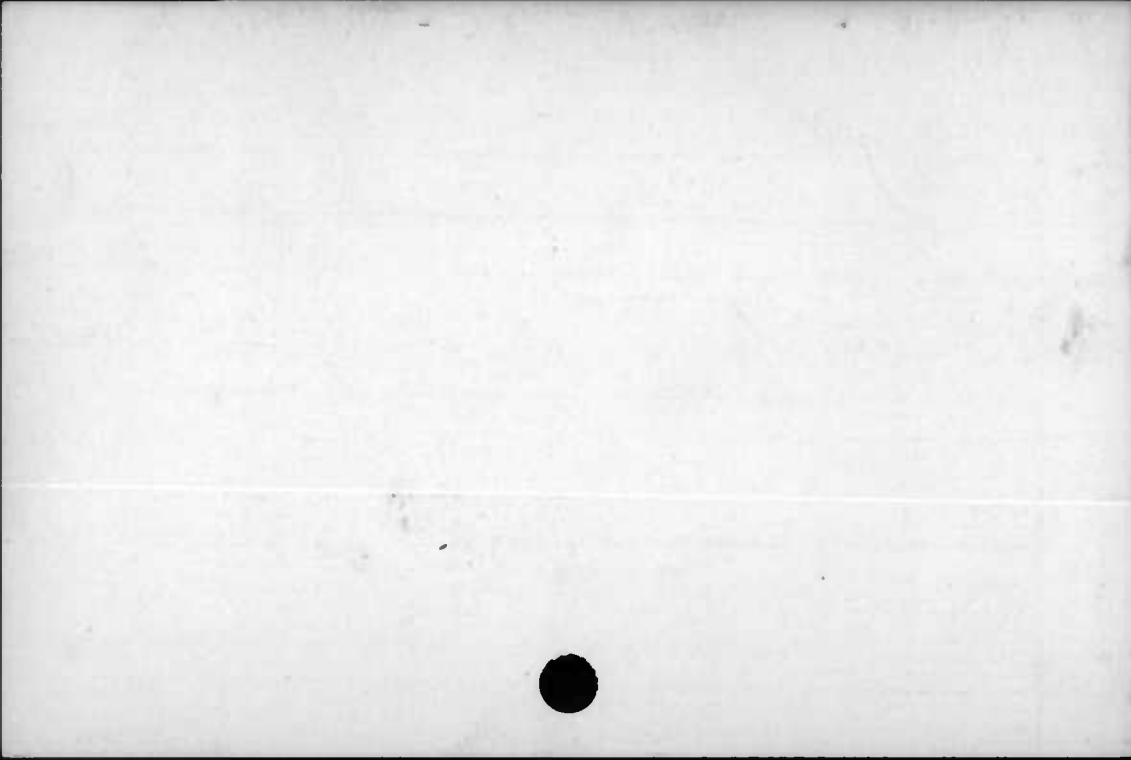
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND			
Date of death	190 <u>3</u>	Month <u>9</u>	Day <u>23</u>	Age <u>—</u>	Years <u>—</u>	Months <u>7</u>	Days <u>3</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Md</u>
Occupation	<u>—</u>			Where Residing if not at place of death			<u>—</u>
Married, Single or Widowed			Name of Wife or Husband				<u>—</u>
Father's Name				Father's Birthplace			
<u>Silas H Mofingo</u>				<u>Va</u>			
Mother's Maiden Name				Mother's Birthplace			
<u>Bennie Coffman</u>				<u>N. Va</u>			
Name of person giving Information				How related to deceased			
<u>Silas H Mofingo</u>				<u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera infantum</u>	How long	<u>10 1/2</u>	<u>Five days</u>
Immediate	<u>Cardiac Failure</u>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
<u>yes</u>		<u>J. E. Pitsenogle</u>		
		Address		
		<u>Hagerstown</u>		
		<u>Md</u>		
Accident or Suicide?				



Name  
in  
Full

David Myers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Green Spring</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Year</sup>	<i>Sept</i> <sup>Month</sup>	<i>19</i> <sup>Day</sup>	Age <i>82</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Green Spring Tenn</i>				
Married, Single or <del>Widowed</del>	Name of Wife or Husband <i>Fornia Long</i>				
Father's Name <i>David Myers</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>M. Elizabeth Householder</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Mrs Myers</i>	How related to deceased <i>wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cholera morbus</i>	How long <i>13</i> <sup>Days</sup>
Immediate <i>&amp; exhaustion</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Abraham Shank</i>
	Address <i>Green Spring Washington Co.</i>
<i>Accident or Suicide?</i>	

13 - July 23 1873

Wind strong 1905.

Two Pigeons

and one Dove  
Pigeons at the salt-pond

Name  
in y  
Full

A - Louise Prattier

CERTIFICATE OF DEATH  
*Pennsylvania*  
MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

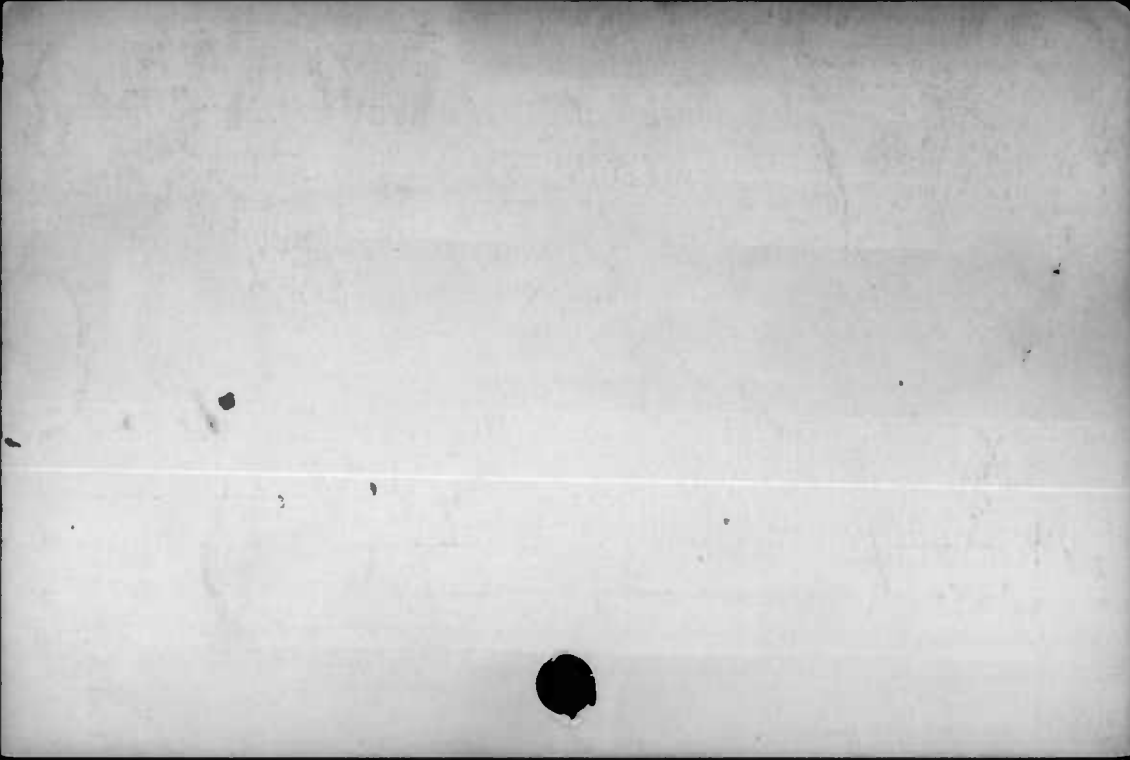
Died at <i>Pine Grove</i> Town		<i>Schuykill</i> County	
Date of death	<i>1905</i> Month <i>Sept</i> Day <i>23</i>	Age <i>70</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- <i>—</i>	
Occupation <i>Lady of leisure</i>	Where Residing if not at place of death <i>Clear Spring Md</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Capt S. G. Prattier</i>		
Father's Name <i>Jacob Rutz</i>	Father's Birthplace <i>Laurel Pa</i>		
Mother's Maiden Name <i>Elizabeth Middlekamp</i>	Mother's Birthplace <i>Clear Spring Md</i>		
Name of person giving information <i>S. M. Rutz</i>	How related to deceased <i>Prattier</i>		

CAUSES OF DEATH

*General*

PHYSICIAN  
OR CORONER

Primary <i>Hemorrhage</i>	How long <i>48 hours</i>
Immediate <i>Hemorrhage</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harry H. Prattier</i>
	Address <i>Board of Health Schuykill Pa Pennsylvania</i>
Accident or Suicide?	



Name  
in  
Full

Harry B. Reynolds.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hagerstown		County Wash.		MARYLAND	
Date of death		190	Month 8	Day 9	Age	Years 30	Months 7
Sex male		Color or Race white		Birth-place Md.			
Occupation Machinist		Where Residing if not at place of death					
Married, Single or Widowed married		Name of Wife Lulu Korman Reynolds					
Father's Name Eugene Reynolds		Father's Birthplace Md.					
Mother's Maiden Name Martha B. Blair		Mother's Birthplace "					
Name of person giving information Lulu Reynolds		How related to deceased wife.					

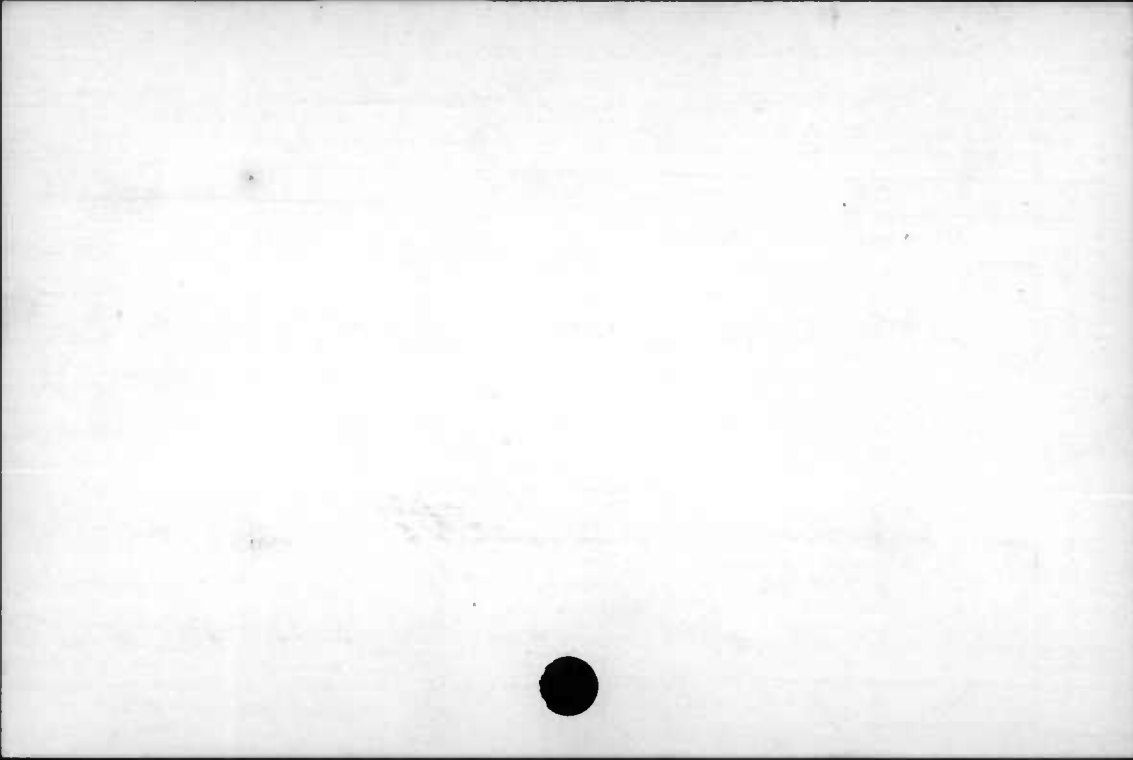
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inhalation gas	How long
Immediate	asphyxia	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Ed Korman
		Address
Suicide?		



Name in Full		Dr. G. A. Richardson				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hagerstown	County Washington	MARYLAND		
		Date of death		Month Sept	Day 1	Age 69	Months Days	
		Sex		male	Color or Race	white	Birth-place	Va.
		Occupation		Physician		Where Residing if not at place of death		Keyettsville, Md.
		Married, Single or Widowed		married		Name of Wife or Husband		
Father's Name		X J. Richardson				Father's Birthplace	Va.	
Mother's Maiden Name		Mary A. Shank				Mother's Birthplace	Md.	
Name of person giving information		Dr. W. S. Richardson				How related to deceased	brother.	
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Nervous Prostration						
		Immediate				How long		
		Heart Failure						
		Are the name, age, sex, color, date and place correctly given above?				yes		
		Signature of Physician		E. A. Warrharn				
		Address		Hagerstown Md.				
		Accident or Suicide?						



Name  
in  
Full

William Riley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Hagerstown*

Town

*Washington*

County

MARYLAND

Date  
of death 190

Month

9

Day

6

Age

Years

56

Months

—

Days

3

Sex

*Male*Color or  
Race*White*Birth-  
place*Centerville, Pa.*

Occupation

*Restaurant Keeper*Where Residing if not  
at place of death~~Married~~, Single  
or WidowedName of Wife or  
Husband

—

Father's  
Name*John Riley*Father's  
Birthplace*M.<sup>d</sup>*Mother's  
Maiden Name*Sarah Stone*Mother's  
Birthplace*Pa*Name of person giving  
In formation*Chas. B. Boyle*How related  
to deceased*No way*

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

*Five minutes*

Immediate

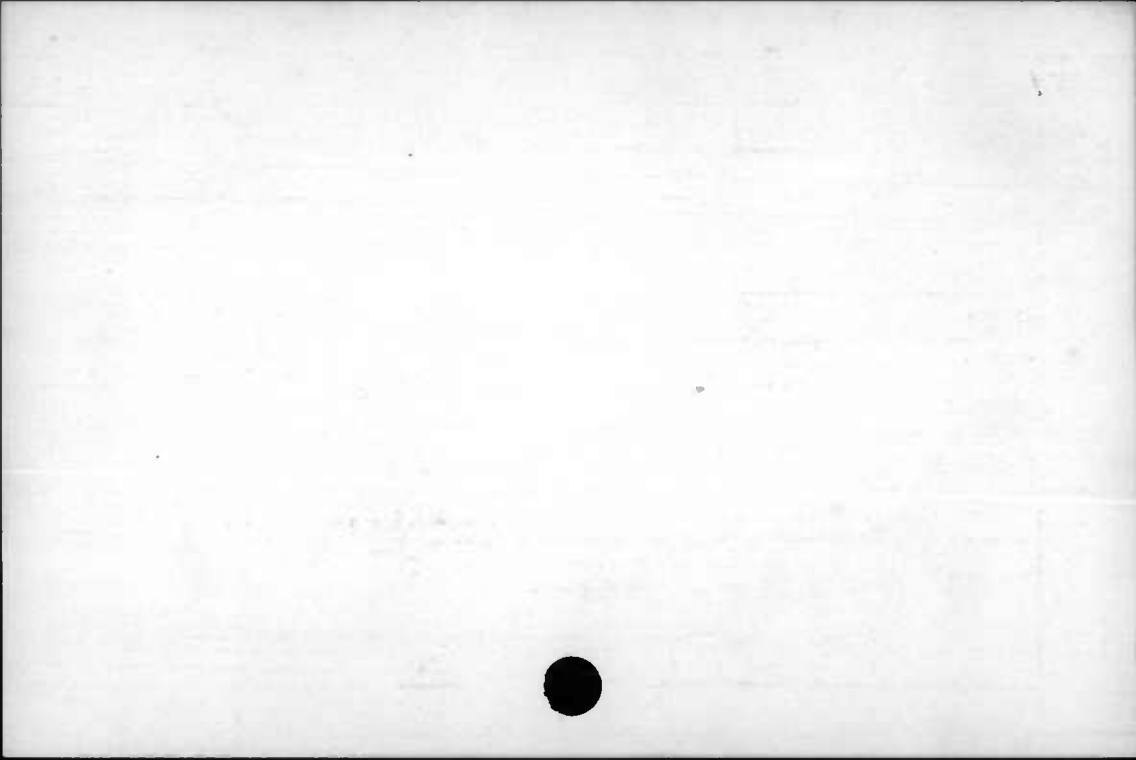
*Apoplexy*

How long

*Five minutes*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician

Address

*Chas. B. Boyle, M.D.**Hagerstown  
Md*~~Accident or Suicide?~~PHYSICIAN  
OR CORONER



Name  
in  
Full

Samuel E. Rousskulp

## CERTIFICATE OF DEATH

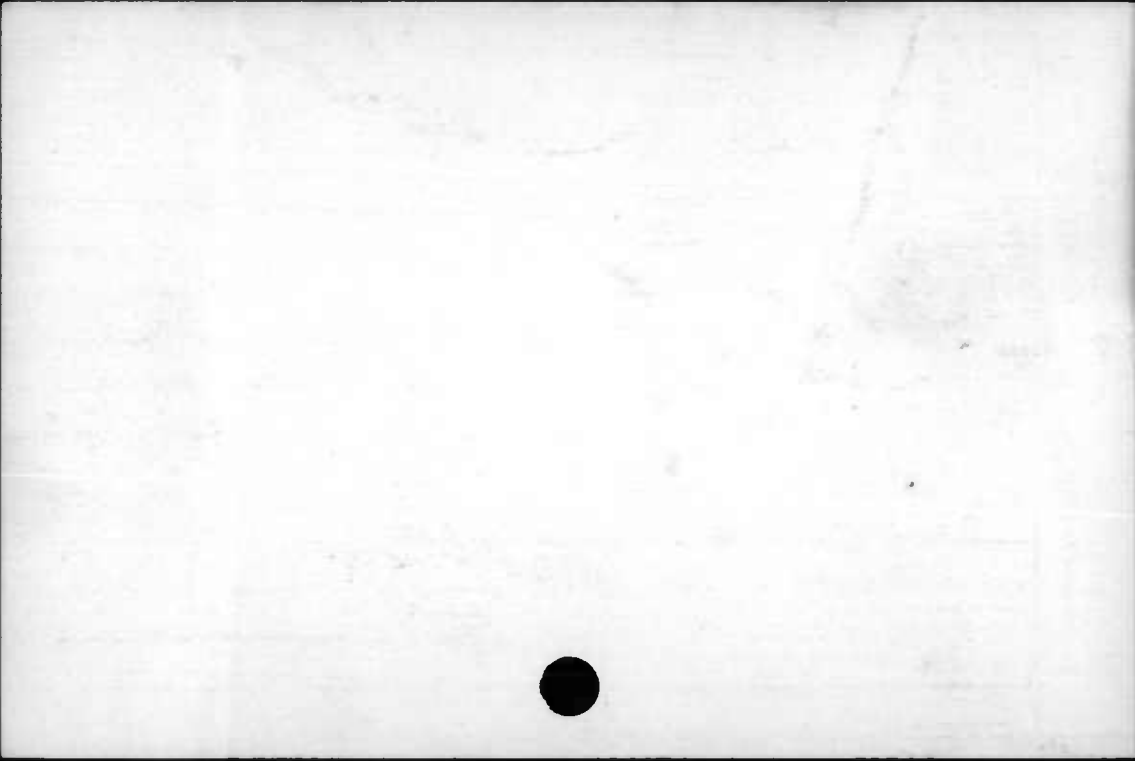
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		County <i>Wash.</i>		MARYLAND	
Date of death	Month <i>Sept.</i>	Day <i>5</i>	Age <i>60</i>	Months <i>3</i>	Days <i>4</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>Retired Merchant</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband _____				
Father's Name <i>Upton Rousskulp</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Joanna Weiss</i>	Mother's Birthplace <i>W. Va.</i>				
Name of person giving information <i>Bessie Rousskulp</i>	How related to deceased <i>daughter</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>10</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Stollmestott</i>
	Address <i>Hagerstown Md.</i>
Accident or Suicide?	



Name  
in  
Full

Norman Bruce Scott

## CERTIFICATE OF DEATH

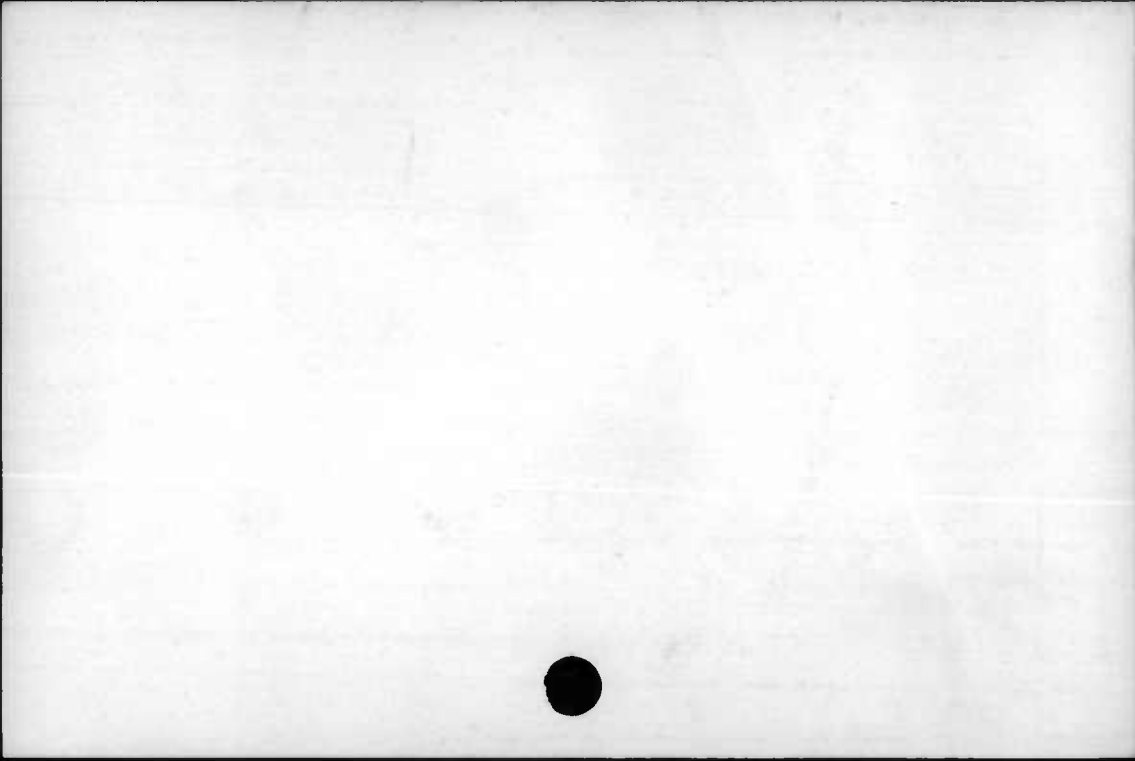
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		County		MARYLAND	
Date of death	1905	Month	9	Day	21	Age	86
Sex		M		Color or Race		white	
Occupation		Physician		Birth-place		Md	
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife <i>Catharine M. Therson</i>					
Father's Name		<i>John Scott</i>				Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name		<i>Elizabeth Key Bruce</i>				Mother's Birthplace <i>Md</i>	
Name of person giving information		<i>J. M. P. Scott</i>				How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>154</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. M. P. Scott</i>	
Address		<i>Hagerstown, Md</i>	
Accused of crime?			



Name  
in  
Full

Sybilla Lucile Snyder.

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Clear Spring

Md

Date

1905

Month

9

Day

27

Years

Age

Months

5

Days

20

Sex

Female

Color or  
Race

White

Birth-  
place

Clear Spring

Occupation

Where Residing if not  
at place of death~~Married~~, Single  
~~Widow~~~~Name of Wife or  
Husband~~Father's  
Name

L. P. Snyder.

Father's  
Birthplace

Clear Spring

Mother's  
Maiden Name

Elsie Kratz.

Mother's  
Birthplace

Cumberland

Name of person giving  
In formation

L. P. Snyder.

How related  
to deceased

Father.

## CAUSES OF DEATH

Primary

Mal Nutrition.

How long

4 moe.

Immediate

Exhaustion. Convulsions

How long

4 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

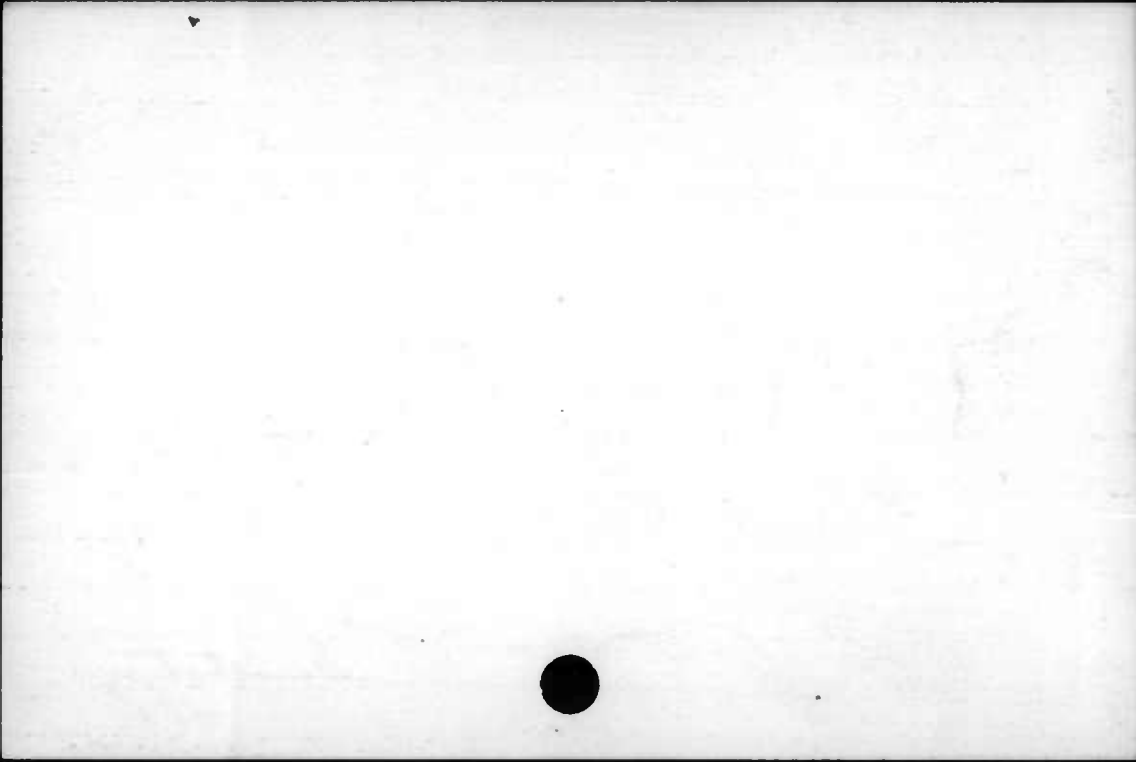
Dr. H. C. Foster.

Address

Clear Spring, Md.

Accident or Suicide?

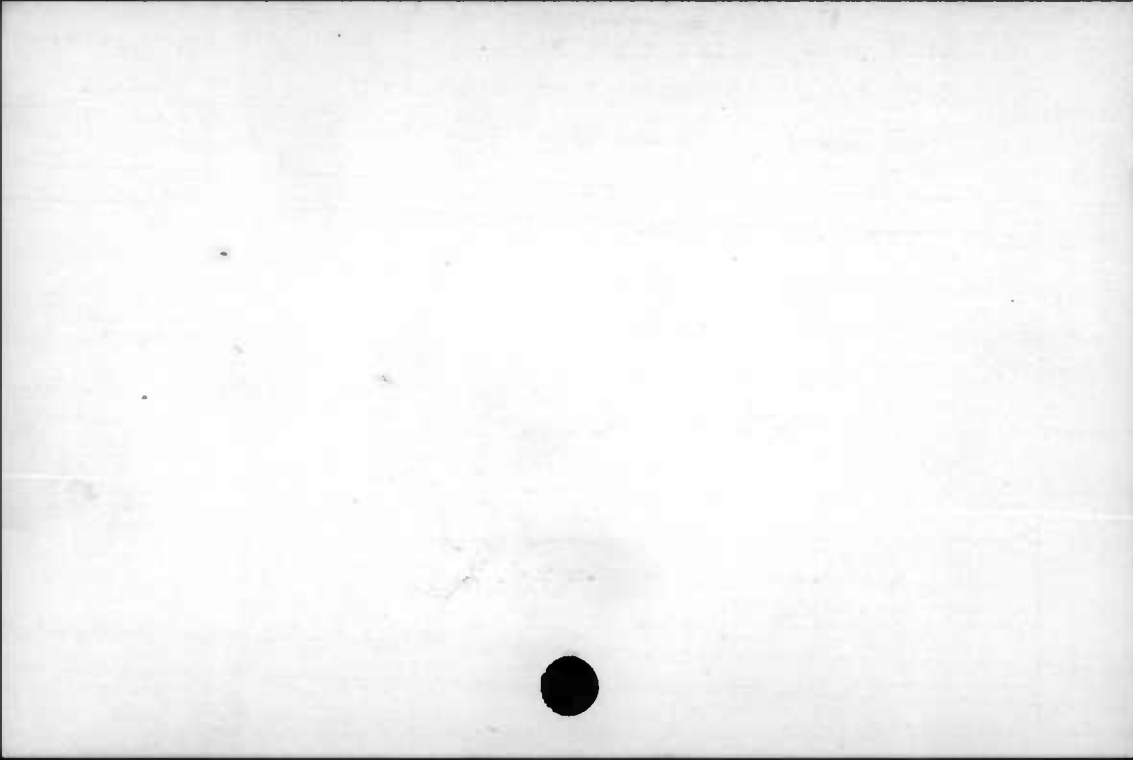
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full		Susanna Stoner				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Near Ringgold		Washington				
	Date of death		Month	Day	Years	Months	Days
	1905		Sept	13 <sup>th</sup>	Age 76	6	30
	Sex		Color or Race		Birth-place		
	Female		White		Wash. Ins. Fran. 500		
	Occupation		Where Residing if not at place of death				
Retired							
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name		Father's Birthplace					
John Stoner		Do					
Mother's Maiden Name		Mother's Birthplace					
Mary McFerran		Tanytown Md.					
Name of person giving information		How related to deceased					
Daniel M. Stoner		Brother					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long				
	General Debility		Several years				
	Immediate		How long				
	..		.. days				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
yes		Dr. J. P. Prohman					
		Address					
		Smithsburg					
		Md.					
Accident or Suicide?							



Name in Full		Henry S. Stouffer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Columbus	County		Ohio <del>MAINE</del>	
		Date of death		Month Sept	Day 29	Years 79	Months 6	Days
		Sex		male		Color or Race	white	
		Occupation		Fence-Maker.		Birth-place	Md.	
		Where Residing if not at place of death						
Married, Single or Widowed		married		Name of Wife Husband		Mrs Nancy Stouffer		
Father's Name		Henry Stouffer				Father's Birthplace		
Mother's Maiden Name		Not Known				Mother's Birthplace		
Name of person giving information		William Stouffer				How related to deceased		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary				How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
		Yes				Address		
Accident or Suicide?		General Debility Charles H. H. Undertaker Hagerstown, Md.						



Name  
in  
Full

Charlotte Stull

## CERTIFICATE OF DEATH

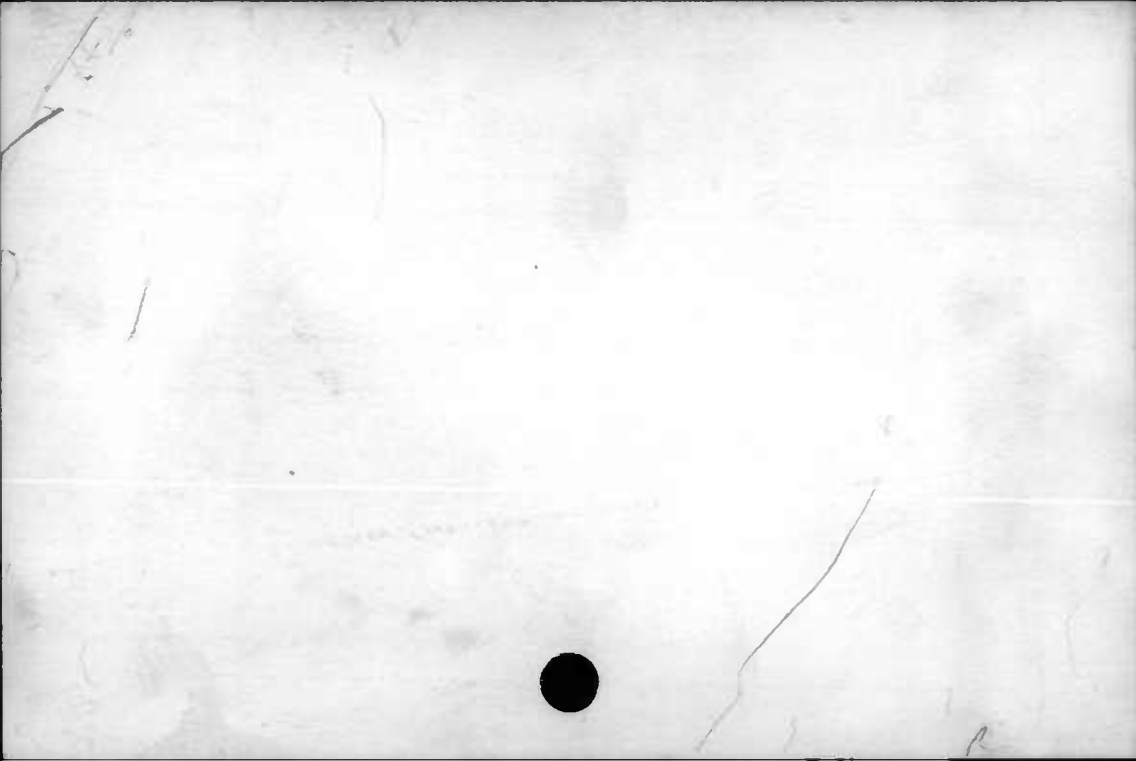
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownsville</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>20</i>	Age <i>89</i>	Months <i>7</i> Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
<del>Married, Single</del> Widowed		Name of Wife or Husband <i>David Stull</i>			
Father's Name <i>Martin Miller</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Susan Ann</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Beavers Lighter</i>		How related to deceased <i>Slaughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>	How long	<i>154</i>
Immediate	<i>General Debility</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	
		Address <i>E. J. Smith</i>	
		<i>Brownsville Ind.</i>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

*John Barr Talbert*  
 Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown* Date of death *1905* Month *9* Day *2* Age *—* Years *—* Months *—* Days *11*

Sex *Male* Color or Race *White* Birth-place *md*

Occupation *Child* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Talbert* Father's Birthplace *md*

Mother's Maiden Name *Mary Jo Barr* Mother's Birthplace *md*

Name of person giving information *John Talbert* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Tuberculosis* How long *100*

Immediate *Cardiac Failure* How long

Are the name, age, sex, color, date and place correctly given above?

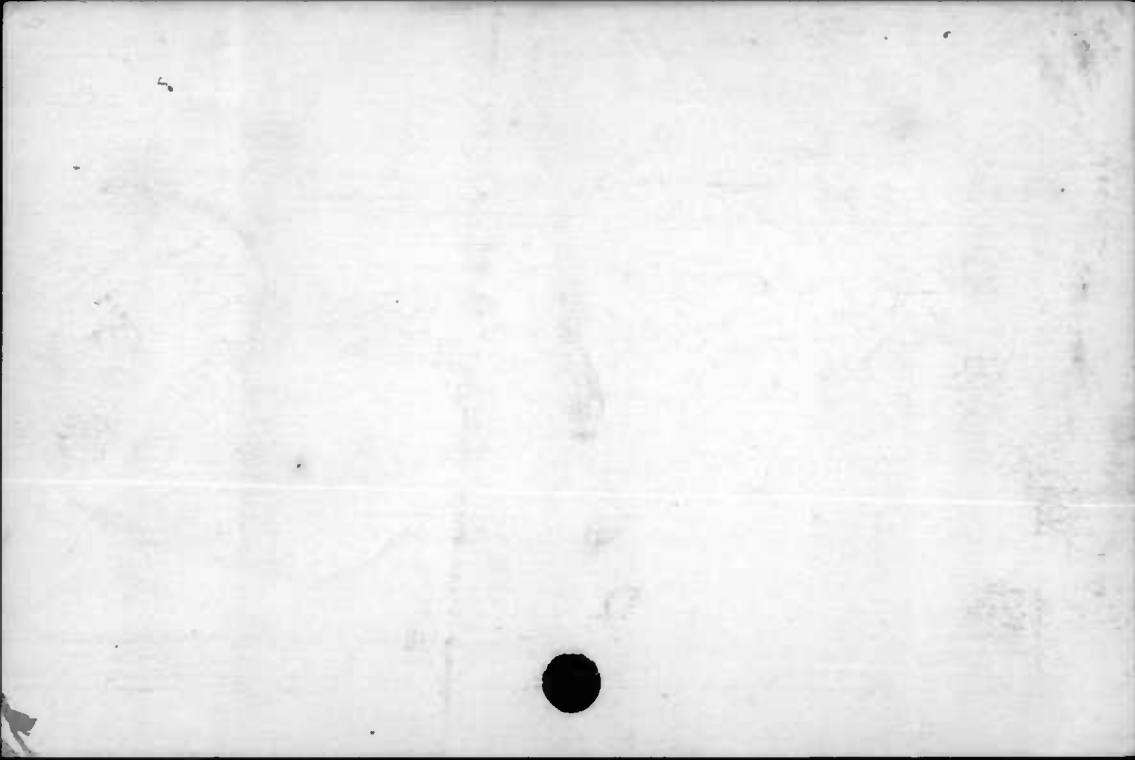
Signature of Physician

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Infant

Taylor, Mary 263

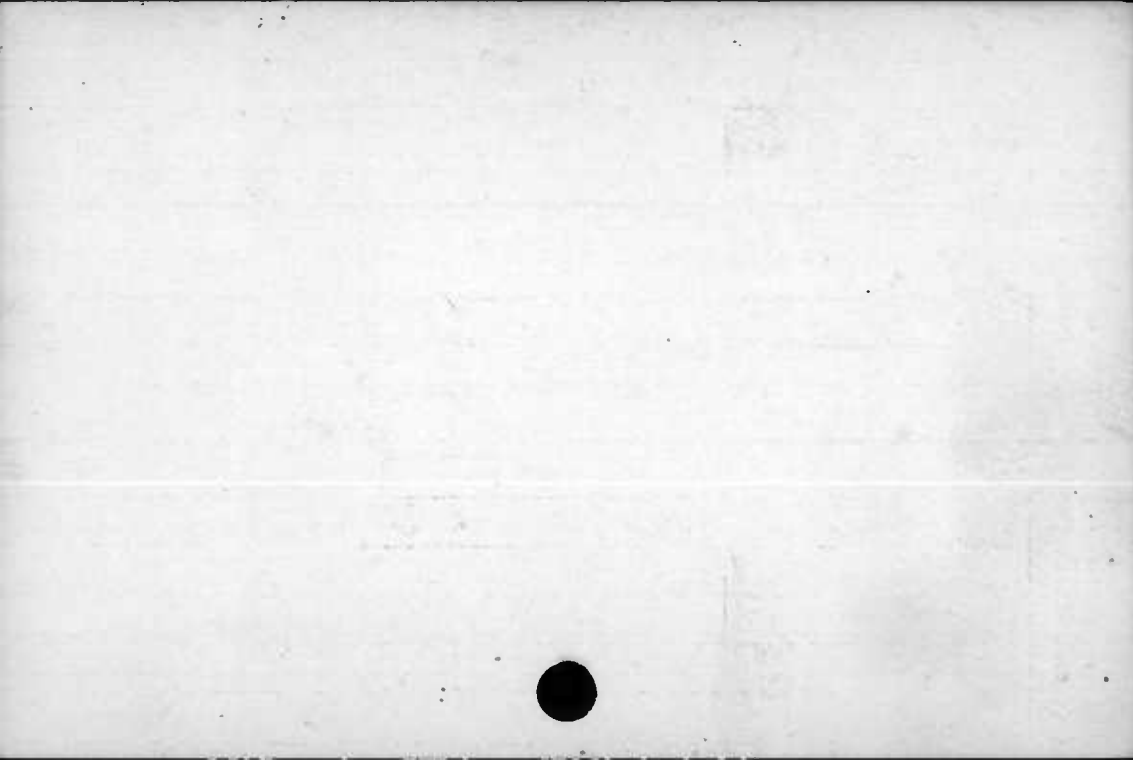
264  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	5	Month	Sept	Day	29	Age	1 h
Sex		Female		Color or Race		White	
Married, Single or Widowed		_____		Occupation		_____	
Name of Wife or Husband		_____		_____		_____	
Father's Name		Frank Taylor		Father's Birthplace		Wmnsft	
Mother's Maiden Name		Jessie Thompson		Mother's Birthplace		Wmnsft	
Name of person giving information		_____		How related to deceased		_____	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still Born	How long	_____
Immediate	_____	How long	_____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
J20		S. L. Smith	
_____		Address	
_____		Williamson - Md	
Accident or Suicide?		_____	



Richard Theodore Teach ~~267~~ 263 CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Pinesburg <sup>County</sup> Washington MARYLAND

Date of death 1905 <sup>Month</sup> Sep <sup>Day</sup> 11 Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 6

Sex Male Color or Race White Birth-place Pinesburg

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Albert Theodore Father's Birthplace Pinesburg, Ma

Mother's Maiden Name Annie Eliza Welkes Mother's Birthplace Hamp-Ma

Name of person giving information Jacob Teach How related to deceased Grandfather

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

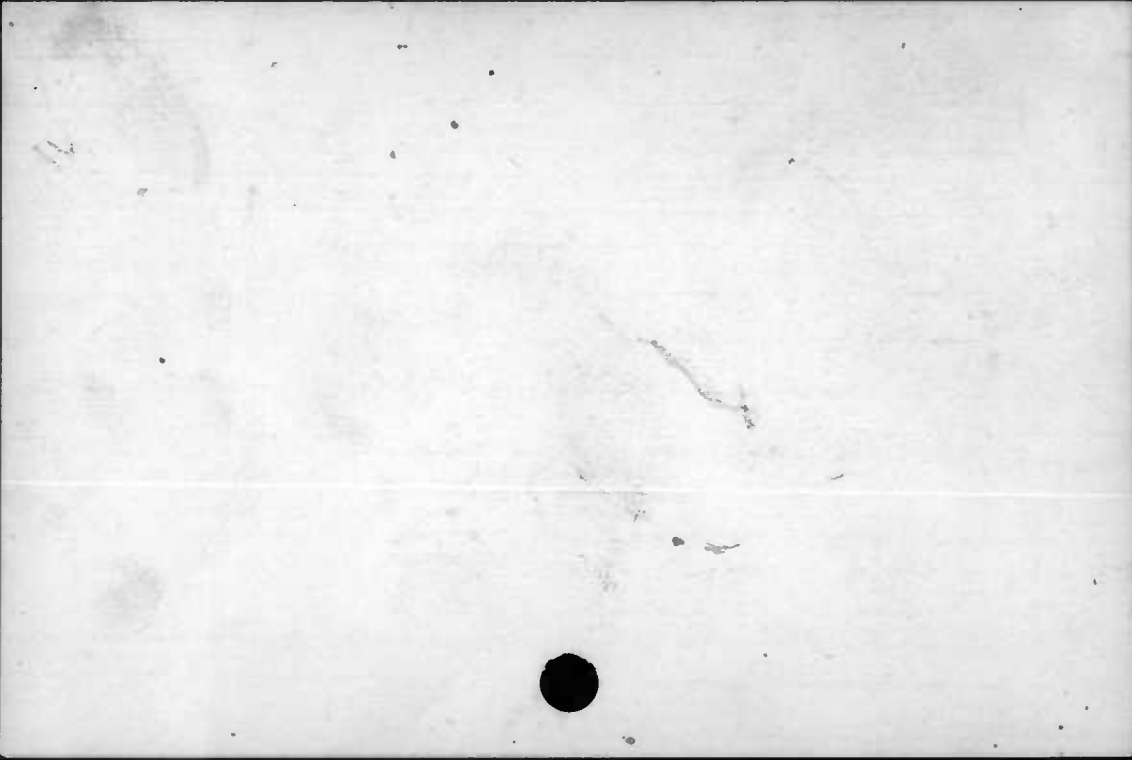
Primary Pneumonia How long Three days

Immediate Prostration How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician W. H. Richardson Address Williamsport Md.

Accident or Suicide? \_\_\_\_\_



Name

in  
Full

## CERTIFICATE OF DEATH

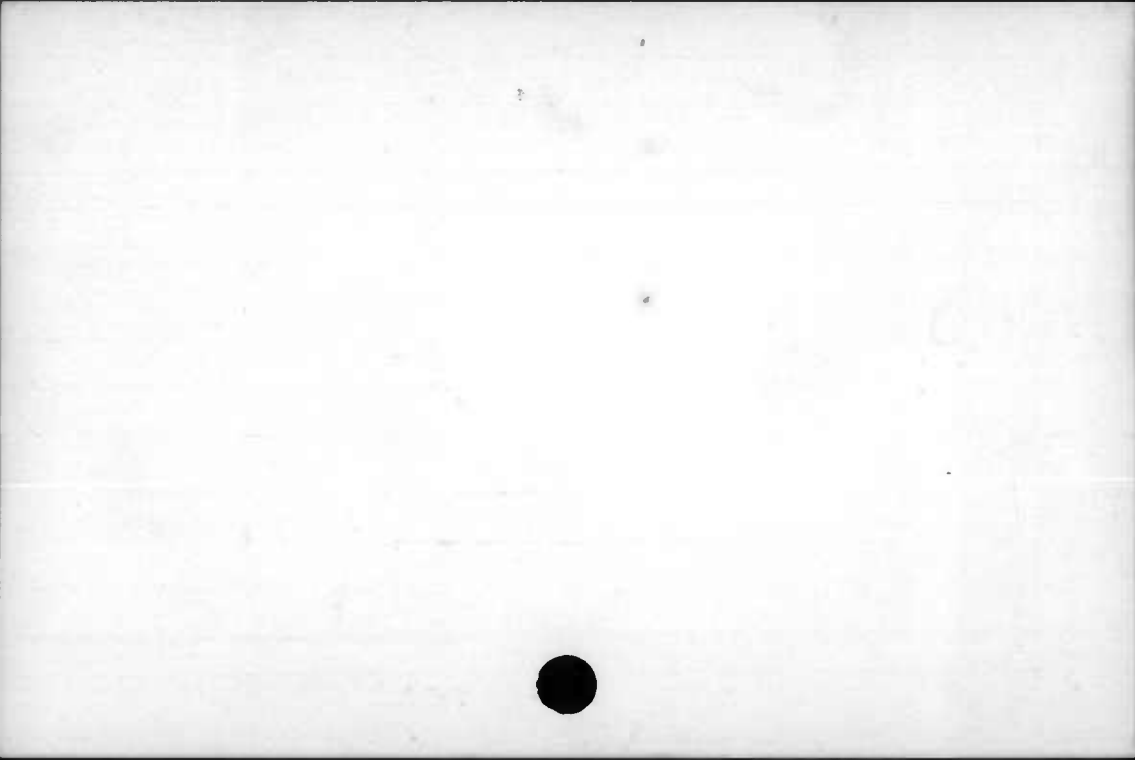
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Fannie L. Ward</b>		Town <b>Fairview</b>		County <b>Washington</b>		MARYLAND	
Died at		Month <b>Sept</b>		Day <b>16</b>		Years <b>23</b>	
Date of death <b>1903</b>		Months <b>8</b>		Days <b>20</b>			
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Ind</b>			
Occupation <b>Housewife</b>		Where Residing if not at place of death					
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <b>Wm Ward</b>					
Father's Name <b>Nathan Caplin</b>		Father's Birthplace <b>Germany</b>					
Mother's Maiden Name <b>Lydia A. Hull</b>		Mother's Birthplace <b>Pa</b>					
Name of person giving information <b>J. W. Ward</b>		How related to deceased <b>Husband</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Tuberculosis</b>	How long <b>4 years</b>
Immediate <b>Exhaustion</b>	How long <b>9 months</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>C. J. Mason</b>
<b>Frank Bros Undertakers</b>	Address <b>Clear Spring Ind.</b>
Accident or Suicide	



Name  
in  
Full

Susan Wolf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frankstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	Sep.	Day	23
Age		87		Years	9
Sex		Female		Color or Race	White
Occupation				Birth-place	Chesville
Where Residing if not at place of death					
Married, Single or Widowed		Widowed			
Name of Wife or Husband		Susan Wolf.			
Father's Name		dont no.		Father's Birthplace	no
Mother's Maiden Name		dont no		Mother's Birthplace	no
Name of person giving information				How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gastritis	How long	12 hours
Immediate	Heart failure	How long	4 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		C. J. Wagner	
Address		Frankstown Pa	
Accident or Suicide?			

